

Report Filters:

Service: "RC" Active Indicator? "Yes"

	<a href="#">Attributes</a>	<a href="#">CMS?</a>	<a href="#">DDS Responsible</a>	<a href="#">RFU?</a>
<b>AP Application Packet</b>				
1. AP 2	There is documentation of sprinkler and fire alarm system servicing for a building that has a sprinkler and/or a fire alarm system.  The intent of this indicator is to ensure that there is documentation available showing that the fire alarm system has been serviced on a semi-annual basis (two times per year) and the sprinkler system has been serviced on a quarterly basis (four times per year). More frequent servicing is performed in accordance with manufacturer's specifications.  Refer to DDS Fire Safety & Emergency Guidelines, reissue 08/09.	No	No	No
<a href="#">All Indicators</a>				
2. AP 3	There is an annual fire marshal's certificate.  The intent of this indicator is to ensure that there is documentation available showing that the Fire Marshal has conducted an annual inspection, as required.  For Private: Look for Fire Marshal's certificate For Public: Report of Inspection  Refer to DDS CLA Licensing Regulation: 11b	No	No	No
<a href="#">All Indicators</a>				

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<b>CI Consumer Interview</b>					
3. CI 1	Are you happy with where you live?		No	No	No
	<p>The intent of this indicator is to determine the person's level of satisfaction with his or her life experience in the home. Tell me about your home. How long have you lived here? What are the things you like about living here? What things do you not like? If you're not happy here, what would make you happy? If you don't like where you live, what don't you like about it?</p> <p>When interviewing, an individual may be reluctant to speak negatively about others (e.g., people living with them at home, staff, family members) or their life circumstances.</p>				
	<a href="#">All Indicators</a>				
4. CI 29	Who decides your daily schedule like when to get up, when to eat, when to go to sleep?		No	No	No
	<p>The intent of this indicator is to determine how much control the individual has in deciding his or her daily schedule.</p> <p>If the individual states that others control the schedule, rate "Not Met."</p>				
	<a href="#">All Indicators</a>				
5. CI 30	Who decides how you spend your free time?		No	No	No
	<p>The intent of this indicator is to determine how much control the individual has in deciding how he or she spends leisure time.</p> <p>If the individual states that others determine this, rate "Not Met."</p>				
	<a href="#">All Indicators</a>				
6. CI 4	Can you be alone if you want to?		No	No	No
	<p>The intent of this indicator is to determine if the individual has time to be alone, to have privacy.</p> <p>Are you able to spend time alone if you want to?</p> <p>Being alone may be contraindicated by the individual's health needs or behavior plan. Reviewer may defer this question if being alone is contraindicated. If contraindicated, rate "Not Rated" and explain the reason.</p>				
	<a href="#">All Indicators</a>				
7. CI 34	Do people read your mail without asking you first?		No	No	No
	<p>The intent of this indicator is to determine if an individual's right to send and receive unopened mail is ensured.</p> <p>A general question such as "Who opens your mail when it arrives?" is suggested to avoid a yes/no response.</p> <p>Connecticut General Statute 17a-238(e)(4) states that an individual has "the right to send and receive unopened mail and to make reasonable requests for assistance in the preparation of correspondence".</p>				
	<a href="#">All Indicators</a>				
8. CI 35	Are you allowed to use the phone when you want to?		No	No	No
	<p>The intent of this indicator is to determine if the individual has access to a phone, as desired.</p> <p>A general question such as "When can you use the phone?" is suggested to avoid a yes/no response.</p> <p>Using the phone may be contraindicated by the individual's behavior plan. Reviewer may defer this question if using the phone is contraindicated. If contraindicated, rate "Not Rated" and explain the reason.</p> <p>Refer to Connecticut General Statutes 17a-238(e)(3)</p>				
	<a href="#">All Indicators</a>				
9. CI 3	Are your support staff nice and polite to you?		No	No	No
	<p>The intent of this indicator is to determine if the individual feels that he or she is treated in a respectful manner by support staff.</p> <p>Are you addressed by your name when support persons speak to you? Do support persons include you in conversations? When? How often? Be sensitive when interviewing: an individual may show concern for his or her relationship with a support person when asked this question.</p>				
	<a href="#">All Indicators</a>				

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10. CI 56	<p>Are you happy with the people who provide help and assistance to you at home or at your job?</p> <p>The intent of this indicator is to determine the individual's level of satisfaction with his or her support persons at the service being reviewed.</p> <p>For example, for a day service, ask about daytime support person; at a work service, ask about happiness with work support persons; at a residential setting, ask about happiness with home support persons. An open, general question such as "Tell me what it's like to get help from the people who support you here" is suggested to avoid a yes or no response.</p>	No	No	No
	All Indicators			
11. CI 10	<p>How do support staff ask you if it's okay to come into your bedroom?</p> <p>The intent of this indicator is to determine if the individual's privacy is respected.</p> <p>Do support persons usually knock or ask permission before entering your bedroom?</p>	No	No	No
	All Indicators			
12. CI 7	<p>Are you safe when you are at home?</p> <p>The intent of this indicator is to determine if the individual feels safe in his or her home.</p> <p>Ask the individual "Is there anything about your home that makes you feel unsafe?"</p> <p>When rating this indicator, keep in mind that this indicator refers to environmental safety only, such as the safety of the physical structure of the home.</p>	No	No	No
	All Indicators			
13. CI 5	<p>Are you ever afraid or scared when you are at home? If so, why are you scared?</p> <p>The intent of this indicator is to determine if the individual has a fear of physical and/or emotional harm from other people at their home.</p> <p>Is there anything about the people in your home that makes you feel unsafe?</p>	No	No	No
	All Indicators			
14. CI 8	<p>Are you safe when you are in your neighborhood?</p> <p>The intent of this indicator is to determine if the individual feels safe in his or her neighborhood.</p> <p>This indicator refers to safety of the physical environment of the individual's neighborhood. Is there anything about your neighborhood that makes you feel unsafe?</p>	No	No	No
	All Indicators			
15. CI 37	<p>Do people ask for your opinions and input? When? How often?</p> <p>The intent of this indicator is to determine if the individual feels that his or her ideas, opinions and input are respected.</p> <p>Do people ask you what you think? Do people ask you how you feel about things?</p> <p>This is rated "Met" if the individual indicates they are routinely asked for his or her ideas, opinions and input about broad issues. (e.g., future plans, choice of staff, lifestyle, activities, supports, etc.)</p>	No	No	No
	All Indicators			
16. CI 40	<p>Are the things you are doing now the things you want to do?</p> <p>The intent of this indicator is to determine if the individual is doing things that he or she wants to do.</p> <p>Ask the individual if there are things that he or she wants to do and does not do now. Are these new things or things that the individual wanted to do for a long time? Ask the individual if they have discussed these desires with anyone? Have the things that the individual wanted to do been incorporated in the planning process?</p> <p>If it has not been addressed through the individual's planning process, then rate "Not Met".</p>	No	Conditional	No
	All Indicators			
17. CI 80	<p>Did you choose the agency/vendor that is supporting you or providing you this residential or day/vocational service/program?</p> <p>The intent is to determine if the individual chose the agency/ vendor supporting them.</p> <p>Did anyone tell you about other providers and their supports? Did you visit this and other sites before the service provider was chosen?</p>	No	Always	No
	All Indicators			
	Case Management As A Service			

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18. CI 71	<p>Do your staff listen to you? Do staff do what you want them to do, such as – be on time, be flexible, change schedule when you need them to?</p> <p>The intent is to determine if the support person is accommodating most of the time. Refers to day-to-day supports.</p> <p>All Indicators</p>	No	No	No
19. CI 42	<p>Has anyone discussed your rights with you as a citizen in the last year?</p> <p>Who discussed rights with you? What did they talk about?</p> <p>Refers to Connecticut General Statutes 17a-238. Includes rights to prompt dental and medical treatment; free communication; telephone access; personal effects storage; unnecessary restraint; prohibits corporal punishment; due process; respect for dignity and privacy, the right to make informed choices, the right to take reasonable risks, the right to reasonable accommodations, the right to have one's culture and ethnic choices and identity respected, etc.</p> <p>Also includes laws including; Americans with Disabilities Act of 1990 (ADA), Assistive Technology Act of 1998, National Voter Registration Act of 1993, etc.</p> <p>All Indicators</p>	No	Conditional	No
20. CI 59	<p>What does abuse and neglect mean?</p> <p>The intent is to determine that the individual has a basic understanding of abuse and neglect.</p> <p>All Indicators</p>	No	No	No
21. CI 22	<p>Who chooses activities that you participate in?</p> <p>The intent of this indicator is to determine the amount of choice/input the person has in determining his or her activities within the service being reviewed. Where do you go during the week? Who makes the decision to go to these places? Do you go shopping? Do you go out for entertainment? Do you go to meetings in the community? What activities do you like to do? Are you able to do these things? Who makes the decision on where you go for fun?</p> <p>All Indicators</p>	No	No	No
22. CI 23	<p>Can you do activities that are different from the ones that others do if you want to?</p> <p>The intent is to determine if this individual is allowed to choose and participate in an activity that is different than what others in the home are doing.</p> <p>All Indicators</p>	No	No	No
23. CI 20	<p>When you want to go somewhere, do you have a way to get there?</p> <p>The intent of this indicator is to determine if a lack of transportation impedes the individual's ability to participate in his or her chosen activities. Are support persons available to take you where you need or want to go?</p> <p>All Indicators</p>	No	No	No
24. CI 24	<p>Do you go to religious services, if you want to?</p> <p>The intent of this indicator is to determine if the individual is provided with the opportunity to attend religious services, if desired. Did anyone ask you if you would like to attend religious services? If the individual identifies that he or she attends religious services as often as wanted or expresses no desire to go to religious services, rate this indicator "Met."</p> <p>All Indicators Cultural Competency</p>	No	No	No
25. CI 25	<p>Do you exercise or play sports as much as you want to?</p> <p>The intent of this indicator is to determine if the individual is provided with the opportunities to engage in physical activity, as much as desired. If the individual identifies that he or she plays sports as often as wanted or expresses no desire to engage in exercise or sports, rate this indicator "Met."</p> <p>All Indicators</p>	No	No	No
26. CI 58	<p>Do you have ways to express your ethnicity, cultural heritage, and religious preference if you want?</p> <p>The intent of this indicator is to determine if the person has opportunities to express his or her cultural preferences as he or she desires. Do you celebrate certain holidays? Do you have special traditions? Do you speak another language? Do you have favorite ethnic foods? Do you have a religious preference? Do you attend religious services?</p> <p>Consider how important cultural identity and preference is to the person being interviewed. Observe the individual in his/her environment and review the IP for expressions of cultural heritage and/or ethnic or religious preference. Ask the person about those things (e.g., native language, nationality flags, religious statues, artwork that reflects heritage and culture, etc.).</p> <p>If the individual identifies no preferences, rate "Met". "N/A" should not be used for this indicator.</p> <p>All Indicators Cultural Competency</p>	No	No	No

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27. CI 12	Do you have access to the Internet, or computer technology if you want it? The intent of this indicator is to determine if the individual has access to the Internet and/or computer technology, as desired. All Indicators	No	No	No
28. CI 13	Do you have friends that you like to talk to or do things with? This indicator is "Not Met" if the person expresses the desire to have friends and doesn't have any or if more/enhanced relationships are desired. Paid support persons should not be considered friends unless they spend unpaid time with the individual. All Indicators	No	No	No
29. CI 14	Do you have a best friend or someone you are really close to? This indicator is "Not Met" if the person expresses the desire to have a best friend. All Indicators	No	No	No
30. CI 15	Can you see and contact your friends when you want to? The intent of this indicator is to determine if the individual can contact his or her friends as much as they want to. Do you contact friends? How often does this contact occur? Do support persons help you when you need it? This indicator is rated "Not Met" if the person expresses an unfulfilled desire to see or contact friends. Contact with friends may be contraindicated by the individual's IP, Behavioral Support Plan, or court orders. Reviewer may defer this question if contraindicated. If contraindicated, rate "Not Rated". All Indicators	No	No	No
31. CI 16	Can you see your family when you want to? The intent of this indicator is to determine if the individual is satisfied with the contact he or she has with family members. This indicator is rated "Not Met" if the individual expresses an unfulfilled desire to see his or her family. Ask if personal circumstances make it difficult to visit his or her family, as desired. Have efforts been made to connect with the individual's family? Rate "Not Rated" if visits are limited due to legal, safety, family or other valid documented reason. Rate "N/A" if an individual does not have family. All Indicators	No	No	No
32. CI 11	Do you have a guardian? If you have a guardian, do you like how your guardian helps you? If the person likes how his or her guardian helps him or her, rate "Met." If the individual does not have a guardian, rate "N/A". All Indicators	No	Conditional	No
33. CI 19	Do you know who your advocate or guardian is? The intent of this indicator is to determine if the individual knows who his/her guardian or advocate is. All Indicators	No	No	No
34. CI 36	Have you ever participated in a self-advocacy group meeting, conference or event? Have you participated in any meetings that help you speak for yourself? If the individual identifies that they have no desire to participate in any meetings, rate "N/A". All Indicators	No	No	No
35. CI 49	If you have a problem and/or complaint, do you have someone to talk to? Are you able to speak privately with someone about personal matters, if you want? The intent of this indicator is to determine that the individual has someone with whom they can privately share problems, complaints or personal matters. This refers to formal and informal complaints or grievances. All Indicators	No	No	No
36. CI 53	Who can you tell if you feel you have not been treated like you want to? The intent of this indicator is to determine if the individual knows who to report their concerns to. All Indicators	No	No	No
37. CI 67	Are you happy with the relationships you have? Are you happy with your close relationships? All Indicators	No	No	No

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<b>38. CI 32</b>	Do you get to choose what you buy with your spending money?  The intent of this indicator is to determine who chooses how the individual's personal monies are spent. Do you choose what to buy with your spending money or do others decide for you?	<b>No</b>	<b>No</b>	<b>No</b>
	All Indicators			
<b>39. CI 66</b>	Do you get to control your money as much as you want to?  The intent of this indicator is to determine how much control the individual has regarding his/her personal finances. Control includes the involvement or reasonable participation that the individual has in the administration of his or her finances. For example, is the individual able to control their money in order to make choices of what to purchase. Does the individual carry money on their person?	<b>No</b>	<b>No</b>	<b>No</b>
	All Indicators			
<b>40. CI 73</b>	Do you have enough money to buy necessary personal items and to participate in community activities?  The intent of this indicator is to determine if the individual has sufficient money to purchase needed personal items and to participate in activities. Do you have enough money to buy necessary personal items (e.g. hygiene items, clothing, accessories)? Do you have enough money to participate in community activities that you desire?	<b>No</b>	<b>Conditional</b>	<b>No</b>
	All Indicators			
<b>41. CI 75</b>	How do you budget your money to do the things you need to?  The intent of this indicator is to determine if the individual knows how to manage their money to meet their needs. How do you manage your money over time so that you cover essential expenses, have money to spend on leisure, have money for emergencies and unforeseen expenses, save money for large purchases, and so that you do not run out of money?	<b>No</b>	<b>No</b>	<b>No</b>
	All Indicators			
<b>42. CI 70</b>	What help do you get to manage your money?  The intent is to determine if the individual gets the support he or she needs to manage his or her money. Ask the individual to explain what support he or she receives. Rate "Not Met" if the individual wants additional support and it is not sufficiently provided.	<b>No</b>	<b>Conditional</b>	<b>No</b>
	All Indicators			
<b>43. CI 17</b>	Does your case manager ask you what you want?  The intent of this indicator is to determine that the individual's case manager has asked them what they want in regards to work, home, relationships, leisure, etc.	<b>No</b>	<b>Always</b>	<b>No</b>
	All Indicators Case Management As A Service			
<b>44. CI 18</b>	If you ask for something, does your case manager help you get what you need?  Have you asked your case manager for help? What did you ask for? Did your case manager help you? Did you get what you needed?	<b>No</b>	<b>Always</b>	<b>No</b>
	All Indicators Case Management As A Service			
<b>45. CI 69</b>	Are you happy with your case manager?  Tell me how you feel about your case manager.	<b>No</b>	<b>Always</b>	<b>No</b>
	All Indicators Case Management As A Service			
<b>46. CI 68</b>	Are you getting the supports you want?  What help do you get at home, at work, and in the community? Is there other help that you need? Are you satisfied with the amount and type of help you receive?	<b>No</b>	<b>Conditional</b>	<b>No</b>
	All Indicators			
<b>47. CI 21</b>	If you want to change your service, how do you make the change?  The intent of this indicator is to determine if the individual is aware of the processes by which he or she can initiate a change in supports and services. Individuals can talk to their service provider, case manager, parents/family member, and guardian or advocate to initiate supports and service changes.  If the individual does not know that he or she can change supports, rate as "Not Met".	<b>No</b>	<b>Always</b>	<b>No</b>
	All Indicators Case Management As A Service			

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48. CI 38	Do you go to meetings to talk about your Individual Plan?  The intent of this indicator is to determine that the individual is present at his/her planning meetings. When did you last meet with your team to discuss your life and plan for the future?  All Indicators Case Management As A Service		No	Always	No
49. CI 39	At your planning meeting, did people ask you what you like to do?  The intent of this indicator is to determine if the individual's opinions are respected and elicited during their planning meeting or before the planning meeting if he or she chose not to attend. Did you talk about your life at the planning meetings? Did people listen to what you had to say? Did people ask what you would like to do in the coming year?  If the individual chose not to attend, rate as "Met" only if his or her opinions were elicited prior to the meeting and incorporated into their planning discussion. If the individual wanted to attend but did not, rate as "Not Met."  All Indicators Case Management As A Service		No	Always	No
50. CI 41	Are you working on things that you identified at your planning meeting? What things are you working on now?  The intent of this indicator is to determine if the individual is working on his or her personal goals at the service being reviewed. Review the IP Action Plan to determine if what the individual communicates to you is consistent with what is described in his or her plan.  All Indicators		No	No	No
51. CI 48	Are you happy with progress you made to meet your goals?  What are your goals? Are you satisfied with the progress you've made? Do support persons help you with your goals? Are you happy with...? (e.g., choose a topic from one of the individual's goals, such as going shopping or taking dance lessons)? This indicator applies to goals in IP.5 Action Plan as well as IP.3 Future Vision.  All Indicators		No	Conditional	No
52. CI 26	Who chose the place where you live?  The intent of this indicator is to determine the involvement the individual had when choosing where they live. This indicator may be rated "Not Rated" if a significant amount of time has elapsed since the individual chose where they live and does not remember the process.  All Indicators		No	No	No
53. CI 78	Would you rather have an opportunity to live somewhere else?  The intent of this indicator is to determine if the individual desires to live elsewhere.  Where would you like to live and why?  All Indicators		No	No	No
54. CI 27	Did you choose the people you live with or did you choose to live by yourself?  The intent of this indicator is to determine the involvement the individual had when choosing who to live with (or not to have housemates). This indicator may be rated "Not Rated" if a significant amount of time has elapsed since the individual chose and does not remember the process.  All Indicators		No	No	No
55. CI 28	Do you choose the support staff who help you?  The intent of this indicator is to determine the involvement the individual had in choosing his or her support persons. Is the individual involved in the hiring process at any level? On a day-to-day basis, are support persons assigned to an individual or can the individual choose what support person helps him or her?  All Indicators		No	No	No
56. CI 81	Do you know who to contact if you have a health concern or do not feel well?  The individual is better able to make an informed decision about his or her health if he or she knows someone to contact about health concerns or circumstances.  In family settings (FAM), when there is not an agency providing supports: If this indicator is "Not Met", choose "Not Met - DDS Responsible." When an agency is providing the FAM supports: If this indicator is "Not Met", choose "Not Met".  All Indicators		No	Conditional	No

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<b>57. CI 62</b>	<p>Do you make the healthcare appointments that you need?</p> <p>If "no", does someone make appointments for you or does someone assist you to make appointments?</p> <p>In family settings (FAM), when there is not an agency providing supports: If this indicator is "Not Met", choose "Not Met - DDS Responsible." When an agency is providing the FAM supports: If this indicator is "Not Met", choose "Not Met".</p> <p>All Indicators</p>	<b>No</b>	<b>Conditional</b>	<b>No</b>
<b>58. CI 77</b>	<p>Are you happy with the doctors you see? The care you receive from them?</p> <p>All Indicators</p>	<b>No</b>	<b>Conditional</b>	<b>No</b>
<b>59. CI 46</b>	<p>Do you know what to do to stay healthy?</p> <p>The individual participates in activities of his or her choice that promote a healthy lifestyle, such as exercising and eating healthy foods. Does the person respond in a way to show he or she is informed about health issues?</p> <p>In family settings (FAM), when there is not an agency providing supports: If this indicator is "Not Met", choose "Not Met - DDS Responsible." When an agency is providing the FAM supports: If this indicator is "Not Met", choose "Not Met".</p> <p>All Indicators</p>	<b>No</b>	<b>Conditional</b>	<b>No</b>
<b>60. CI 64</b>	<p>Does anyone talk to you about your health?</p> <p>The intent of this indicator is to determine if support persons, medical personnel, family members or others talk to the individual about his or her health status and their health care plan.</p> <p>In a family setting [FAM], when this indicator is "Not Met", choose "Not Met - DDS Responsible."</p> <p>All Indicators</p>	<b>No</b>	<b>Conditional</b>	<b>No</b>
<b>61. CI 60</b>	<p>Do you know how to ask for help if somebody is hurting you or someone else?</p> <p>The intent of this indicator is to determine if the individual can effectively ask for help if someone is hurting him or her or others. What would you do if you felt in danger in the community or at home? Who would you tell?</p> <p>Connecticut General Statutes 17a-238(b) states that individuals "shall be protected from harm and receive humane and dignified treatment which is adequate for such person's needs and for the development of such person's full potential at all times".</p> <p>If an Immediate Jeopardy situation, refer to: J1 Abuse or Neglect Observed or Reported.</p> <p>All Indicators</p>	<b>No</b>	<b>No</b>	<b>No</b>
<b>62. CI 43</b>	<p>Do you know what to do in an emergency such as a fire, a blizzard or if you get sick?</p> <p>The intent of this indicator is to determine if the individual can appropriately respond to an emergency event.</p> <p>What would you do in an emergency? For example, if you feel ill, if there is a fire, if you lost electricity, etc.</p> <p>All Indicators</p>	<b>No</b>	<b>No</b>	<b>No</b>

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<b>O Observation</b>					
<b>63. O 1</b>	The individual likes others he or she spends time with.		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of this indicator is to determine if the individual is comfortable around people he or she spends the most time with including housemates, support staff, and/or co-workers. The individual is at ease, may smile or show other signs of feeling content. Other people are friendly and speak respectfully to the person. The individual interacts with others during the course of experiences observed. Consider body language and other means of communication.</p> <p>RES: The individual's visit at the respite is with others with whom he or she is compatible.</p> <p>OH/SL: Rate only if others are present. Others can include: housemates, guests, support staff, etc.</p> <p>FAM: If the individual lives with his or her family, do not rate the person's relationship with family members. Rate based on observations between paid support persons and the individual.</p>				
	<u>All Indicators</u>				
<b>64. O 26</b>	The individual shows satisfaction with things that he or she chooses to do.		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of the indicator is to determine through observation, if the individual appears satisfied with activities around the home, at work or in the community. This also includes satisfaction with leisure activities, relationships and lifestyle preferences.</p>				
	<u>All Indicators</u>				
	<u>Cultural Competency</u>				
<b>65. O 2</b>	The individual is treated by staff in a respectful and dignified manner.		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of this indicator is to determine if support persons treat the individual respectfully. The individual is referred to by name and spoken to in friendly, respectful tones. The individual is introduced to new people and included in conversations. The individual is not touched nor is his/her wheelchair moved without permission. Support persons do not ignore the individual. The individual is provided with personal appearance/grooming support as desired and/or needed.</p> <p>If immediate jeopardy situation refer to: J1, Abuse or neglect observed or reported.</p>				
	<u>All Indicators</u>				
<b>66. O 19</b>	The individual chooses the support staff who assist him or her at home.		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of this indicator is to determine if the individual can choose or is provided opportunities for choice in relation to the support staff who assist him or her.</p>				
	<u>All Indicators</u>				
<b>67. O 5</b>	The individual exercises rights as he or she chooses.		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of this indicator is to observe that the individual's rights are supported and promoted. Examples include but are not limited to; use of the telephone or internet, access to personal mail, access to funds, access to privacy, to be free from unnecessary restraint, to be free from unnecessary restrictions, to be free from abuse and neglect, the right to prompt medical and dental treatment, the right to vote, the right to practice chosen religious beliefs, and the right to make daily choices about what to eat, wear and who to associate with.</p> <p>Refer to Connecticut General Statutes, 17a-238</p>				
	<u>All Indicators</u>				
<b>68. O 9</b>	Support persons follow policies and procedures, as applicable, that affect restrictions of the individual's rights.		<b>No</b>	<b>No</b>	<b>No</b>
	<p>Are restrictive procedures, as identified on the individual's PRC/HRC request approvals, implemented correctly? Rate this Indicator based on observations of support person's actions relevant to the individual that may involve restrictions of his or her rights.</p> <p>Observe if restrictive procedures are done according to DDS policy and procedure. Refer to: DDS Manual, Service Delivery – I.D. PR.009 Incident Reporting Attachments A-K, I.D. PR.011 Incident Reporting own home, I.E. PO.003 Behavior Medications, I.E. PO.004 PRC, IE PR.003 Behavior Modifying Medication Attachments A+B, IE PR.004 PRC Attachments A-F, IE PR.006 Pre-Sedation, I.F. PO.001 Abuse and Neglect, I.F. PR.001 Abuse and Neglect.</p> <p>If immediate jeopardy situation, refer to: J19 Untrained staff (safety issues, behavioral interventions, medication administration, emergency plan).</p>				
	<u>All Indicators</u>				

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS</u> <u>Responsible</u>	<u>RFU?</u>
<b>69. O 3</b>	<p>The individual has privacy when he or she wants or needs it.</p> <p>The intent of this indicator is to determine if the person is afforded privacy. Privacy may involve having locks on doors, personal access to a phone, access to own mail, personal space for possessions, visits with friends and family in private, etc. The individual's confidential information is not posted in view. Support staff discuss health care needs and personal issues with the individual privately. If desired, is there opportunity for the person to have privacy and/or time away from others? If sharing a room, consider how comfortable the person is with privacy arrangements with roommate.</p> <p>Refer to behavior program and/or supervision guidelines as needed.</p> <p>Refer to Connecticut General Statute 17a-238(b)</p>	<b>No</b>	<b>No</b>	<b>No</b>
	<u>All Indicators</u>			
<b>70. O 12</b>	<p>The individual has personal belongings and his or her environment has a personalized decor.</p> <p>The intent of this indicator is to determine if the person expresses his or her individuality as desired. Is personal décor consistent with the personal interests of the individual? Does the individual own personal belongings and have these items in his/her possession? Consider how personal belongings are regarded when the individual shares with a roommate.</p> <p>Refer to Connecticut General Statutes 17a-238(e)(5)</p>	<b>No</b>	<b>No</b>	<b>No</b>
	<u>All Indicators</u>			
<b>71. O 20</b>	<p>The individual has preferred belongings that identify his or her ethnicity, cultural heritage and/or religious preferences, as desired.</p> <p>The intent of this indicator is to determine if the person expresses his or her culture, ethnicity, and/or religion as desired through his or her belongings and environment. Consider how important cultural identity and preference is to the person.</p>	<b>No</b>	<b>No</b>	<b>No</b>
	<u>All Indicators</u> <u>Cultural Competency</u>			
<b>72. O 6</b>	<p>The environment supports the individual's needs, abilities, and interests.</p> <p>The intent of this indicator is to observe and determine if the environment supports the needs, abilities and interests of the individual. For example, has the environment been adjusted for a person with limited mobility or visual impairment? Does the environment have accessible bathrooms for individuals who use adaptive equipment? Is there enough room to navigate around the environment for individuals using walkers and wheelchairs? Is space available for individuals to pursue personal hobbies?</p>	<b>No</b>	<b>Conditional</b>	<b>No</b>
	<u>All Indicators</u> <u>Cultural Competency</u>			
<b>73. O 15</b>	<p>Adaptive equipment and assistive technology, if needed, is used by the individual to increase his or her independent participation in daily activities.</p> <p>The intent of this indicator is to determine if the person is using adaptive equipment/assistive technology as identified in the Individual Plan. Look for physician's orders to identify needed equipment, technology. This may include hearing aides, glasses, switch plates, communication boards and devices, dining equipment, barrier-free lifts, transportation needs, etc. Observe if support persons ensure that identified equipment, technology is used. Observations should be consistent with appropriate and safe use of adaptive equipment as identified in the IP. Observe during times that the person would typically use the adaptive equipment.</p> <p>If Immediate Jeopardy situation, refer to: J19 Untrained Staff.</p>	<b>No</b>	<b>No</b>	<b>No</b>
	<u>All Indicators</u>			
<b>74. O 4</b>	<p>The individual is supported to make choices in all areas observed.</p> <p>The intent of this indicator is to determine if the person is routinely afforded choice. Support staff offer and encourage personal choice of activities, food and beverages, privacy, entertainment, etc.</p> <p>If not observed, rate "Not Rated".</p>	<b>No</b>	<b>No</b>	<b>No</b>
	<u>All Indicators</u>			
<b>75. O 10</b>	<p>Support persons communicate in effective ways the individual can understand and takes the time to listen to the individual and are responsive when the individual communicates.</p> <p>The intent of this indicator is to determine if support staff communicate effectively with the person. Support persons rephrase comments to assure the person understands the discussion, and give the individual time, as needed, to respond. Support persons use speech, signing, gestures, question cues, communicate in the individual's native language, use adaptive equipment if applicable, offer clear choices and acknowledge the individual's responses, etc.</p> <p>Refer to behavior and/or communication guidelines as applicable.</p>	<b>No</b>	<b>No</b>	<b>No</b>
	<u>All Indicators</u> <u>Cultural Competency</u>			

**Report Filters:**

**Service: "RC" Active Indicator? "Yes"**

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
<b>76. O 17</b>	Support persons respond to the individual's needs for assistance. The intent of this indicator is to observe if support staff respond to an individual's need for assistance. Responses must be prompt, meaningful and respectful. All Indicators	<b>No</b>	<b>No</b>	<b>No</b>
<b>77. O 16</b>	Support persons give assistance to the individual only when necessary. The intent of this indicator is to observe that support persons are assisting an individual when needed while allowing the individual to be as independent as possible. All Indicators	<b>No</b>	<b>No</b>	<b>No</b>
<b>78. O 14</b>	Support persons recognize and use naturally occurring opportunities when teaching. Support persons use incidental and informal teaching that occurs naturally and spontaneously in the course of daily events. Teaching that occurs naturally may or may not be related to an IP goal. If there is no opportunity to observe natural teaching, rate "Not Rated." All Indicators	<b>No</b>	<b>No</b>	<b>No</b>
<b>79. O 13</b>	The individual is supported to accomplish outcomes as identified in his or her plan. The intent of this indicator is to determine if the plan is being implemented as designed. The supports and services identified in the individual's plan are coordinated and integrated in observed settings. The supports and services identified in the DDS Family Respite Center visit forms are coordinated and integrated as necessary. All Indicators	<b>No</b>	<b>No</b>	<b>No</b>
<b>80. O 7</b>	Sufficient support persons are available to meet the individual's support and service needs identified in his or her Plan. The intent of this indicator is to determine if sufficient support persons are on duty to carry out the individual's IP, as well as, meet the needs of the other people receiving support in the setting. Review the support person schedule for the visit day, as needed, and compare to on duty support persons. If possible, observe during times identified as needing enhanced staffing to verify that the support is provided as specified. Refer to specific needs and support person requirements as identified in the individual's Individual Plan. "Sufficient support persons" is defined in the individual's Individual Plan (e.g., two-person transfer required, a requirement for a support person to be within visual sight of the individual at all times). If immediate jeopardy situation refer to Jeopardy Guidelines: J18 Inadequate number of staff (supervision, implementation of behavioral interventions, evacuation). Refer to DDS CLA Licensing Regulation: 13b All Indicators	<b>No</b>	<b>No</b>	<b>No</b>
<b>81. O 8</b>	Support persons are able to demonstrate the skills needed to assist the individual to achieve his or her outcomes. Support staff should demonstrate competence in all aspects of the individuals care. Refer to IP.7 for skill/training requirements and observe for evidence of these skills. All Indicators	<b>No</b>	<b>No</b>	<b>No</b>
<b>82. O 18</b>	Support persons protect the individual's safety. Observe if support persons are available and protect the individual's safety. All Indicators	<b>No</b>	<b>No</b>	<b>No</b>
<b>83. O 21</b>	The individual's health needs are addressed during daily activities. This may include specialized health needs such as dietary, nursing delegated tasks, etc. Refer to DDS CLA Licensing Regulation: 18a3A, 18c2 All Indicators	<b>No</b>	<b>No</b>	<b>No</b>

Report Filters:

Service: "RC" Active Indicator? "Yes"

		<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
84.	O 25	Support providers follow applicable DDS Health Regulations, policies, and procedures, advisories and directives.	No	No	No
<p>The intent of this indicator is to observe that support person(s) have knowledge and understanding of applicable DDS Health Regulations, standards, policies, procedures, advisories and directives and that they demonstrate that knowledge during the course of the observation period in regards to the support given to the individual being reviewed. For example, the individual's Level of Need, dysphagia risk assessments, bathing and personal care protocols, and bed safety and side rail assessments.</p> <p>For FAM service type: For individual's receiving services from a provider agency, observation is to be done for the areas identified in the Individual Plan as the responsibility of the provider agency.</p> <p>If immediate jeopardy situation refer to: J19 Untrained staff (Safety protocols, behavioral interventions, medication administration, emergency plan).</p> <p>"Not Rated" would be used if there is no opportunity to observe implementation of the policies. "N/A" can never be used for this indicator.</p>					
<a href="#">All Indicators</a>					

## Report Filters:

Service: "RC" Active Indicator? "Yes"

		<a href="#">Attributes</a>	<a href="#">CMS?</a>	<a href="#">DDS Responsible</a>	<a href="#">RFU?</a>
<b>SPI Support Person Interview</b>					
<b>85. SPI 7</b>	Describe how the individual communicates.		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of the indicator is to ensure that the support person is knowledgeable in the specific manner that the individual communicates. If the individual speaks a different language, can the support person speak that language or have another means to communicate with the individual. If the individual uses sign language, does the support person know the meaning of the signs and how to communicate with the individual using sign language?</p> <p><a href="#">All Indicators</a> <a href="#">Cultural Competency</a></p>				
<b>86. SPI 47</b>	Is the individual happy with his or her life right now? If not what changes would make things better?		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of this indicator is to determine the support person's knowledge of the individual's current life satisfaction level as it pertains to the service being provided. If the support person discusses changes that would make things better for the individual, determine if the support person knows how to initiate or express those changes. This indicator should be evaluated in the context of the service being reviewed.</p> <p><a href="#">All Indicators</a></p>				
<b>87. SPI 48</b>	How do you know if the individual is satisfied with the quality of his or her life?		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of this indicator is to determine if the support person knows how the individual expresses their level of satisfaction with the quality of their life as it pertains to the service being reviewed.</p> <p><a href="#">All Indicators</a></p>				
<b>88. SPI 49</b>	How do you help the individual express his or her satisfaction with his or her life?		<b>No</b>	<b>No</b>	<b>No</b>
	<p>Does the support person understand that part of their role is to help the individual express their level of satisfaction with their life? Does the support person help the individual express his or her level of satisfaction?</p> <p><a href="#">All Indicators</a></p>				
<b>89. SPI 46</b>	How do you support the individual to have a satisfying life?		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of this indicator is to determine that the support person is knowledgeable of their role in supporting the individual to have a satisfying life, based on the individual's needs, preferences and goals. What has the individual done this year that he or she is proud of? How were they supported to accomplish these?</p> <p><a href="#">All Indicators</a></p>				
<b>90. SPI 52</b>	In what ways do you assist the individual to express his or her satisfaction with supports and services?		<b>No</b>	<b>No</b>	<b>No</b>
	<p>Does the support person understand that part of their role is to help the individual express the level of satisfaction with his or her supports and services? Does the support person help the individual express his or her level of satisfaction with supports and services?</p> <p><a href="#">All Indicators</a></p>				
<b>91. SPI 51</b>	How do you know the individual is satisfied with supports identified in his or her plan?		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of this indicator is to determine that the support person understands their role in helping the individual to express satisfaction with the supports identified in his or her plan.</p> <p><a href="#">All Indicators</a></p>				
<b>92. SPI 53</b>	What aspects of the support that the individual receives are you satisfied with? Not satisfied with?		<b>No</b>	<b>No</b>	<b>No</b>
	<p>The intent of the indicator is to determine support person's knowledge of the individual's supports. The indicator should be rated "Not Met" if the support person does not have enough knowledge of the individual's supports to answer the question.</p> <p><a href="#">All Indicators</a></p>				
<b>93. SPI 25</b>	Is the individual satisfied with his or her routine? How do you know this? Give some recent examples.		<b>No</b>	<b>No</b>	<b>No</b>
	<p>Is the individual satisfied with the pattern and flow of activities? For employment supports: Does the individual like the shift and/or days that they are currently working?</p> <p><a href="#">All Indicators</a></p>				

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
94. SPI 26	Does the individual participate in the activities that he or she chooses? Describe the activities the individual chooses to participate in.  The intent of this indicator is to determine the support person's knowledge of the activities the individual chooses to participate in. Refer to the IP for the individual's preferred activities. Is the support person knowledgeable of the activities in which the individual chooses to participate? What activities does the individual participate in that he or she chooses? Tell me about them. Are the individual's preferences reflected in his or her daily routine? Is there a leisure activity the individual likes to do but is unable to for any reason?  Indicator should be rated "Not Met" if support person does not have sufficient knowledge of the individual's preferences.	No	No	No
	All Indicators			
95. SPI 30	If the individual chooses, what would you do to support the individual to change his or her lifestyle, personal activities and/or routines?  The intent of this indicator is to determine if the support person knows how to support the individual to make changes to his or her lifestyle, personal activities and/or routines should the individual choose.	No	No	No
	All Indicators			
96. SPI 29	How do you help the individual to choose and participate in experiences and activities that he or she wants? Give some recent examples.  The intent of this indicator is to determine if the support person assists the individual to participate in chosen activities and to learn about community resources and activities. Support person is able to give recent examples of the how the individual was assisted to choose and participate.	No	No	No
	All Indicators			
97. SPI 39	How do you support the individual to express their ethnicity, cultural heritage, and religious preference if he or she wants?  The intent of this indicator is to determine if the support person is knowledgeable of the individual's preferences regarding their ethnicity, cultural heritage and religion.  Describe how you assist the individual to participate in activities that reflect his or her cultural, ethnic or religious preferences.  For example, the individual may choose to attend cultural, ethnic or religious activities such as festivals, parades, movies, holiday traditions, celebrations, restaurants or shopping opportunities, etc.  If there is no evidence of preference by the individual and the support person is aware of this, rate "Met".  If the support person is unaware of recognized ethnic, cultural and religious preferences of the individual, rate this "Not Met."	No	No	No
	All Indicators Cultural Competency			
98. SPI 12	Does the individual have contact with his or her family or friends as often as he or she wishes?  The intent of this indicator is to determine if the individual is supported to have contact with family and friends, as desired.  How often does contact occur? Does the support person help the individual to make the contact?  If the individual does not have contact with family or friends, ask why.  Contact with family or friends may be contraindicated by the individual's IP, Behavioral Support Plan, or court orders. If contraindicated, rate "Not Rated".	No	No	No
	All Indicators			
99. SPI 14	How do you support the individual to develop new and healthy relationships?  The intent of this indicator is to determine if the support person has knowledge of the individual's ability in developing relationships.  How do you support the individual to understand the benefits and risks of developing new relationships?  Are there obstacles that impede the individual from developing relationships (e.g., staff support levels, support staff schedules, finances, transportation, medical complications, and family relationships)? If so, how does this affect the support you provide?	No	No	No
	All Indicators			
100. SPI 21	Does the person have money to purchase personal items and to participate in community activities?  The intent of this indicator to determine the support person's knowledge of the individual's financial resources. Have there been any purchases or community activities delayed or cancelled due to finances?	No	Conditional	No
	All Indicators			

**Report Filters:**

**Service: "RC" Active Indicator? "Yes"**

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 101. SPI 1	<p>How is the individual helped to prepare for and participate in his or her planning process?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to prepare for the IP meeting. How do you contribute and support the individual in preparing and participating in his or her IP planning process and meeting?</p> <p>For Family Respite Center guests, review information regarding pre-admission, admission and visitation as identified in DDS Family Respite Services Policy and Procedures.</p> <p>All Indicators</p>	No	No	No
! 102. SPI 2	<p>What are the specific strategies in place to help the individual achieve his or her goals?</p> <p>Support persons are able to discuss identified goals from the individual's IP. The support person identifies and discusses how the individual's goals are integrated into his or her daily routine.</p> <p>For Family Respite Center guests – refer to information regarding pre-admission, admission and visitation as identified in DDS Family Respite Services Policy and Procedures.</p> <p>All Indicators</p>	No	No	No
! 103. SPI 3	<p>Is the individual's plan reviewed and updated based on changes in his or her life and personal choice?</p> <p>The intent of this indicator is to determine the support person's knowledge of revisions to the IP based on changes in the individual's life and personal choices.</p> <p>All Indicators</p>	No	Conditional	No
! 104. SPI 4	<p>How do you provide input on the individual's behalf for plan modification, regarding changes in his or her life and personal choice?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of his or her role to advocate for the individual and provide information to the team regarding changes, as needed. Support person should be knowledgeable of individuals IP and goals.</p> <p>All Indicators</p>	No	No	No
! 105. SPI 5	<p>How have any changes to the individual's plan been communicated to you?</p> <p>How are you informed of changes in the individual's IP?</p> <p>All Indicators</p>	No	Conditional	No
! 106. SPI 24	<p>How do you support the individual to learn what is available in the community and to participate in his or her community?</p> <p>How do you help the individual to discover what is available in the community? How do you support the individual to try new things? What types of community activities does the individual like? What do you do to help the individual participate in those activities?</p> <p>If the support person understands that the individual is independent in this area and requires no staff support rate "Met".</p> <p>All Indicators</p>	No	No	No
! 107. SPI 22	<p>How do you support the individual to learn money management skills?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of his or her responsibility to help the individual participate and learn money skills. Examples include: incidental teaching opportunities, money exchange during a purchase, making selections, informing the individual during a transaction process, support independent purchase transactions, banking, formal programs, budgeting, identifying coins and bills.</p> <p>If the IP identifies that the individual is independent or another party is responsible for money management, then rate "N/A".</p> <p>All Indicators</p>	No	No	No
! 108. SPI 23	<p>How is the individual supported to understand, obtain, and maintain insurances, entitlement benefits, and income?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of his or responsibility in supporting the individual to understand, obtain, and maintain insurances, entitlement benefits and income. For example, DSS and Social Security benefits, Title 19, home or rental insurance, fuel assistance, food stamps and paychecks.</p> <p>All Indicators</p>	No	No	No

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	Attributes	CMS?	DDS Responsible	RFU?
! 109. SPI 11	<p>What are the behavioral interventions used to support the individual?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of the individual's behavioral support needs as identified in his or her IP and behavior support plan.</p> <p>Any physical intervention techniques that support persons use are from a DDS approved curriculum, for example, P.M.T. (Physical and Psychological Management Techniques). Refer to DDS Procedure No.I.D.PR.009 – Incident Reporting, Attachment I - DDS Approved Training Curriculum for Use of Aversive and Physical Restraint Procedures for a complete list that is periodically updated.</p> <p>This indicator will be rated as "N/A" if there are no behavioral support needs / interventions / guidelines.</p> <p>Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved behavioral interventions are used. I.F.PR.001 – Abuse/Neglect Allegations Reporting, I.F.PR.004 – Abuse/Neglect Investigations-Recommendations and Prevention Activities.</p> <p>All Indicators</p>	No	No	No
! 110. SPI 42	<p>Was the individual supported to choose where to live and to explore other options? Describe how that occurred.</p> <p>The intent of this indicator is to determine if the individual was supported and had opportunities to make choices about where to live. Support person is able to describe how this was achieved.</p> <p>This indicator may be rated "Not Rated" if the support person being interviewed was not supporting the individual at the time the choice was made.</p> <p>All Indicators</p>	No	No	No
! 111. SPI 43	<p>Did the individual choose the people that he or she lives with? Describe how the individual was informed of any available options.</p> <p>The intent of the indicator is to determine if the support person is knowledgeable of their role in supporting the individual to choose the people they live with.</p> <p>This indicator may be rated "Not Rated" if the support person being interviewed was not supporting the individual at the time the choice was made.</p> <p>All Indicators</p>	No	No	No
! 112. SPI 15	<p>How are any safety concerns for the individual addressed?</p> <p>The intent of this indicator is to determine that support persons are knowledgeable of the individual's specific safety needs and how they are addressed. (e.g.: pica, bolting behavior, dietary needs, bed rails, water safety, ambulation, regulating hot water, bathing, etc.). Do you have any other concerns about the individual's safety that are not currently identified or addressed?</p> <p>All Indicators</p>	No	No	No
! 113. SPI 19	<p>Does the individual know how to respond in emergency situations?</p> <p>The intent of this indicator is to determine the support person's knowledge of the individual's needs in emergency situations.</p> <p>Ask the staff person how the individual typically responds in an emergency.</p> <p>All Indicators</p>	No	No	No
! 114. SPI 18	<p>Does the individual know what the emergency and fire evacuation plans require him or her to do?</p> <p>The intent of this indicator is to determine the staff person's knowledge of the individual's needs in case of emergency or fire. Refer to the individual's emergency and fire evacuation plans. Ask the staff person how the individual typically responds in an emergency. If the staff person states the individual does not know what the emergency and fire evacuation plans require him or her to do, ask the staff person how he or she would support the individual in that situation.</p> <p>If the staff person's knowledge of the individual's needs reflected in emergency and fire evacuation plans are not in accord with these plans, rate this indicator "Not Met."</p> <p>All Indicators</p>	No	No	No
! 115. SPI 17	<p>What are the individual's needs during an evacuation?</p> <p>The intent is to ensure that the support person is knowledgeable of the individual's specific needs and requirements. Information from the support person should coincide with the individual's needs as outlined in the site emergency plan. (Examples: Transfer guidelines, staffing, supervision, prompting.)</p> <p>All Indicators</p>	No	No	No
! 116. SPI 16	<p>How is the individual taught to recognize and report unsafe situations to others?</p> <p>The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual safety skills. This can be in the form of incidental teaching opportunities or formal teaching strategies. (Examples: Broken latches and locks, lack of heat, safe flooring, walkways, stove, cooking, hot water, overloaded outlets, safe transportation, staffing levels and supervision and public safety awareness.)</p> <p>All Indicators</p>	No	No	No

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	Attributes	CMS?	DDS Responsible	RFU?
! 117. SPI 35	What are the individual's medical needs and how are these addressed?	No	No	No
	<p>The intent of this indicator is to determine the staff person's knowledge of the individual's medical needs and how they are addressed. Refer to the individual's plan and other medical documents for information about the individual's medical circumstances and treatment expectations including guidelines and protocols (e.g., for seizures, psychiatric conditions, cardiac issues, diabetic conditions).</p> <p>Tell me about the individual's medical needs, how they are addressed and what support you provide, if any, to carry them out. Alternate question: Tell me about [name a specific condition identified in the individual's medical record], how the condition is addressed and what support you might provide.</p> <p>If the staff person's knowledge of the individual's medical needs is not in accord with treatment expectations for him or her, rate this indicator "Not Met."</p>			
	All Indicators			
! 118. SPI 33	How do you support the individual to discuss his or her health concerns?	No	No	No
	<p>The intent of this indicator is to determine if the individual is supported to express and learn about their health concerns and to obtain follow up with health professionals as needed.</p> <p>Does the support staff talk to the person about health issues? Does the support person assist the person to follow-up on health issues with others?</p>			
	All Indicators			
! 119. SPI 34	How is the individual supported to learn about and live a healthy lifestyle?	No	No	No
	<p>How do you support the individual to participate in activities to stay healthy? If the support person indicates that the individual makes unhealthy lifestyle choices, how are these addressed to ensure the consumer has acknowledged the risk he or she is taking? Does the support person have access to educational health information and is this information shared with the individual?</p>			
	All Indicators			
! 120. SPI 36	How do you support the individual to learn about and take his or her medication?	No	No	No
	<p>For individuals who have been assessed as independent in self-administering medication, this indicator would generally be rated, "N/A". However, a non-medication certified support person may provide a time prompt (ex. "It's time to take your medication.") or may ask the individual if they took their medication. These are the only types of medication-related support that a non-medication certified support person may provide.</p> <p>The intent of this indicator is to determine if the medication certified support person is knowledgeable of opportunities to teach the individual about taking his or her medications. Does the support person effectively support the individual to learn about and take his or her medication? What supports are provided? Refer to the individual plan and medication related documents (e.g., physicians' orders, Kardex, side-effects information, self-medication assessment).</p> <p>A medication certified support person must know what medications an individual is taking, when each medication is to be taken, and the side effects of each medication. Only a medication certified support person may pour and pass medications. Rate "Met" if the support person is aware of and implements the recommendations of the self medication administration assessment.</p> <p>Refer to DDS Medical Advisory #99-3, DDS Regulations Concerning the Administration of Medication by Certified Unlicensed Personnel</p>			
	All Indicators			
! 121. SPI 8	How is the individual supported to acquire, use and maintain equipment needed to sustain his or her health, wellness and independence?	No	No	No
	<p>The intent of this indicator is to determine if the support person is knowledgeable of their role in assisting the individual in acquiring, using and maintaining assistive/adaptive equipment to maintain his or her health, wellness and independence. (e.g., positioning equipment, AFOs, wheelchairs, mechanical lifts, switch plates, communication devices, dining utensils). Use and maintenance procedures should be individualized. Refer to the individual's IP and relevant therapeutic assessments (e.g., occupational, physical, speech and language therapies, dietary requirements).</p> <p>Tell me what supportive equipment the individual uses. When and how is it used? What are the cleaning, maintenance and storage requirements for the equipment? Is there any supportive equipment you believe the individual would benefit from that he or she does not presently have?</p> <p>If the support person is not knowledgeable of the necessary supportive equipment the individual needs, and its use and maintenance requirements, rate this indicator "Not met."</p>			
	All Indicators			

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 122. SPI 11a	<p>Have you ever had to physically restrain the individual? If so, when and how?</p> <p>The intent of this indicator is to determine that the support person uses approved restraint techniques that are in accord with the individual's Behavior Support Plan. Refer to the individual's IP to see if the individual has a Behavior Support Plan. If so, refer to the Behavior Support Plan for specific restraint information and DDS Form 255(s), as relevant. Also refer to behavior support strategies/training identified in the individual's IP.7 - Provider Qualifications and Training Form.</p> <p>Have you ever had to restrain the individual? If so, what type of restraint?</p> <p>Rate this indicator as "Not Met" if the support person discussed using an unapproved restraint technique. Also refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect, and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Prevention, Notification if unapproved interventions were used.</p> <p>Refer to DDS CLA Licensing Regulation: 15b5</p>	No	No	No
	<u>All Indicators</u>			
! 123. SPI 40	<p>How do you help the individual to learn to avoid potentially abusive and neglectful situations?</p> <p>The intent of this indicator is to ensure that the support person is knowledgeable of their role in teaching the individual to avoid potential abusive and neglectful situations. Informal ways: support persons counsel the individual about the safe and unsafe places in town, people who you don't know who ask for favors and possible responses to them, keeping money in personal accounts, etc. Formal ways: harm prevention, "street-smart" classes, etc.</p>	No	No	No
	<u>All Indicators</u>			
! 124. SPI 10	<p>How do you help the individual exercise his or her rights?</p> <p>The intent of this indicator is to determine if the support person actively supports the individual to exercise rights. Examples may include, but are not limited to: assisting to make choices, request changes, refuse requests, use the phone, have privacy, maintain confidentiality and send and receive mail.</p> <p>Refer to Connecticut General Statutes, 17a-238(a)</p>	No	No	No
	<u>All Indicators</u>			
! 125. SPI 45	<p>How would you support the individual to make a complaint if he or she wants to?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a complaint if he or she wants to.</p> <p>Refers to Connecticut General Statutes, 17a-238(e)(7)</p>	No	No	No
	<u>All Indicators</u>			
! 126. SPI 31	<p>Does the individual participate in self-advocacy groups or activities as desired?</p> <p>The intent of this indicator is to determine if the support person provides opportunities for the individual to learn about or participate in self-advocacy related activities as desired by the individual. Refer to the Individual Plan for related information.</p> <p>Does the individual know what self-advocacy is? Are you aware if he or she is interested in participating in self-advocacy? Does the person advocate for himself or herself now? Tell me about opportunities the individual might have to participate in self-advocacy activities?</p> <p>If there is evidence that support persons do not assist the individual to participate in self-advocacy activities, as desired, rate this indicator "Not Met."</p>	No	No	No
	<u>All Indicators</u>			
! 127. SPI 9	<p>What would you do if you witness abuse or neglect occurring?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable about the intervention and reporting requirements associated with witnessing abuse or neglect.</p> <p>A "Met" rating indicates that the support person identifies that he or she would intervene immediately on behalf of the individual if he or she witnesses abuse or neglect. The support person identifies he or she is to make a verbal report as a mandated reporter to the appropriate agency (OPA, DCF, DSS or DPH) and to the supervisor of the agency to which they are assigned, informing them of any apparent or suspected abuse or neglect. The support person initiates reporting the circumstances on a DDS Form 255.</p> <p>This indicator is rated "Not Met" when the support person's statements are not consistent with DDS policy and procedure.</p> <p>Refer to: DDS Policy No. I.F.PO.001 – Abuse and Neglect and DDS Procedure No.I.F.PR.001 – Abuse/Neglect Allegations: Reporting and Intake Processes</p>	No	No	No
	<u>All Indicators</u>			

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 128. SPI 37	<p>What are your agency's accident and incident reporting policies and procedures?</p> <p>The intent of this indicator is to ensure that the support person is knowledgeable of reporting requirements for accidents and other incidents.</p> <p>Refer to DDS Procedure No. I.D.PR.009 Incident Reporting.</p> <p>In family settings (FAM), this indicator is only applicable to support persons hired through a provider.</p> <p>Refer to DDS Procedure No: I.D.PR.009a Incident Reporting for Individuals who live in own/Family Home &amp; Receive DDS Funded Services.</p> <p>All Indicators</p>	No	No	No
! 129. SPI 32	<p>How is the individual supported to make a change in his or her services if desired?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of their role in supporting the individual to make a change in their services if he or she wants to. Examples include: Assisting the person in notifying the Case Manager or other team members, assisting the person to request meetings, assisting the person in identifying service and provider options.</p> <p>All Indicators</p>	No	No	No
! 130. SPI 50	<p>What steps are taken to respond to the individual's concerns about his or her supports?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of their responsibility to address the individual's concerns about their supports.</p> <p>Examples may include: following the agency's process regarding individual's concerns, assisting the individual in notifying the Case Manager or other team members, assisting the individual to request meetings, assisting the individual to learn about self-advocacy, reporting suspected abuse, neglect or financial exploitation.</p> <p>All Indicators</p>	No	No	No
! 131. SPI 54	<p>If you have a concern about the individual's supports and services, are your concerns addressed?</p> <p>The intent of this indicator is to ensure that support person's concerns regarding the individual's supports and services are addressed.</p> <p>Rate as "N/A" if there have been no concerns.</p> <p>All Indicators</p>	No	No	No
! 132. SPI 41	<p>How is the individual involved in staff hiring?</p> <p>The intent of this indicator is to determine if the provider involves the individual in aspects of the staff hiring process.</p> <p>The individual's involvement may be direct or indirect involvement in the hiring process (e.g., voicing the desired qualities of a staff person, writing ads, interviewing potential hires).</p> <p>This indicator is rated "Not Met" if the support person indicates that the individual has no involvement in any aspect of the hiring process.</p> <p>All Indicators</p>	No	No	No
! 133. SPI 20	<p>What is the accounting and tracking system for the individual's finances?</p> <p>The intent of this indicator is to determine if the support person is knowledgeable of the system used for tracking the individual's income and expenses. Ask the support person what their responsibility is in documenting the individual's income and expenses.</p> <p>Refer to the individual's checking and savings account statements and/or personal fund ledgers. A person may self-manage his or her own money, share management responsibilities with others, or have someone else manage all of his or her money. Refer to provider policies and procedures and the individual's IP.</p> <p>Each individual's finances are different based on the sources of income he or she has. (e.g., wages, Department of Social Service funding, Supplemental Security Income, Social Security, monetary gifts). From these sources of income, the provider may take a portion of the person's income to pay for room and board. Individuals receive a personal needs allowance based on the amount of wages earned.</p> <p>If the support person lacks knowledge of the accounting and tracking systems, rate this indicator "Not Met." If the individual manages his or her finances without staff involvement, rate "N/A."</p> <p>Applicable to DSO, SHE and Family Respite Center if an individual's funds are kept at the site.</p> <p>All Indicators</p>	No	No	No

Report Filters:

Service: "RC" Active Indicator? "Yes"

		<a href="#">Attributes</a>	<a href="#">CMS?</a>	<a href="#">DDS Responsible</a>	<a href="#">RFU?</a>
! 134. SPI 38		What would you do should a vehicle break down when traveling?	No	No	No
		The intent of this indicator is to determine the support person's knowledge of the provider's emergency procedures for handling a vehicle breakdown. Does the support person have means to call emergency personnel or provider staff for assistance? Does the support person know whom they should call? Does the support person understand the individual's safety needs in the event the vehicle is inoperable on a road or highway?			
		Rate "N/A" if the support person does not provide transportation for individuals.			
		<a href="#">All Indicators</a>			

**Report Filters:**

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
<b>SC Safety Checklist</b>				
! 135. SC 1	<p>An Emergency Relocation Plan, a part of the DDS Special Operations Plan for Emergency Relocation, is maintained in a special notebook, the "Red Book", easily accessible to the staff.</p> <p>Contents of the Emergency Relocation Plan "Red Book" must include: The DDS Special Operations Plan for Emergency Relocation, DDS Emergency Fact Sheets for all individuals, Emergency Relocation Plan for Levels 1, 2, and 3 emergencies with all necessary directions and personnel contact information. This book should be updated as any changes occur.</p> <p>Emergency Fact Sheets and identification badges must include a color photo of the individual. Fact sheets and badges must be reviewed at least annually, and more frequently if supports change for the individual, or revisions to the plan occur.</p> <p>Refer to DDS CLA Licensing Regulation: 12a</p> <p>All Indicators</p>	No	No	No
! 136. SC 2	<p>The emergency response plan accommodates the support needs of the individual, each person's role during an emergency, and the availability of necessary medical information when the individual is away from his or her service location.</p> <p>The emergency plan addresses the supports each individual requires to evacuate safely (e.g., independently evacuates, needs verbal or physical assistance), identifies individuals' ambulation capability and level of supervision needed, medical needs, the support person/staff levels and responsibilities, and any physical environment or fire safety accommodations (fire doors, sprinklers, egress doors, smoke detectors, fire extinguishers, etc.).</p> <p>Refer to DDS Fire Safety and Emergency Guidelines.</p> <p>Refer to DDS CLA Licensing Regulation: 12a</p> <p>All Indicators</p>	No	No	No
! 137. SC 3	<p>There is an accessible working telephone with emergency numbers readily available.</p> <p>The intent of this indicator is to determine if the individual has access to a working telephone and emergency numbers. Emergency numbers may include but are not limited to 911, Poison Control, etc. Consider the individuals specific health and safety needs when rating this indicator. In a SL or Own Home, an accessible telephone may be in the home; it may be the phone of a neighbor or a cell phone programmed to 911. In CLA4 and CLA3, emergency numbers are posted in an easily visible location.</p> <p>If immediate jeopardy situation refer to: J7 No access to phone. The individual should be able to access the phone in case of emergency.</p> <p>Refer to DDS CLA Licensing Regulation: 11j</p> <p>All Indicators</p>	No	No	No
! 138. SC 5	<p>There are practiced and documented fire evacuation drills that occur six times a year on a bi-monthly basis. There is documentation that two drills are conducted at night when the individual is routinely asleep.</p> <p>Fire evacuation drills familiarize and instruct individuals and support persons in the procedures to be followed for safe evacuation. Drills are conducted with the full participation of all individuals.</p> <p>Refer to site-specific Fire Safety and Emergency Plan fire evacuation drill procedures.</p> <p>Fire Evacuation drills shall be completed every other month for a total of six per year, two on each shift per year. The provider determines shifts. Two third shift drills per year shall occur at times when the individuals are asleep. Drills shall rotate simulated fire locations and egresses used and these conditions of simulation shall alternate on each shift. Each designated means of escape should be used during drills at least annually.</p> <p>The provider shall use the DDS Evacuation Drill Report form or any other that provides same information.</p> <p>Refer to DDS Fire Safety and Emergency Guidelines</p> <p>All Indicators</p>	No	No	No
! 139. SC 8	<p>A written plan of corrective action is documented and implemented for problems identified during a fire evacuation drill.</p> <p>If any inefficiency or other problems are identified during the evacuation drill, a written plan of specific corrective action(s) should be completed. Documentation shall include the actual implementation/resolution of the Plan of Corrective Action.</p> <p>Refer to DDS CLA Licensing Regulation: 12c</p> <p>All Indicators</p>	No	No	No

**Report Filters:**

**Service: "RC" Active Indicator? "Yes"**

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 140. SC 9	<p>There are fully charged fire extinguishers available in the kitchen and furnace area.</p> <p>Annual fire extinguisher servicing and monthly checks are documented.</p> <p>Refer to DDS CLA Licensing Regulation: 11g</p>	No	No	No
	All Indicators			
! 141. SC 10	<p>There are working smoke detectors on each level of the location that meet the individual's needs.</p> <p>The intent of this indicator is to determine if there are working smoke detectors on each level of the location and that the smoke detectors are designed to meet the individual's specific needs.</p> <p>Whenever possible, test battery operated smoke detectors onsite to determine if the battery is working. Provider personnel should follow the manufacturer's specifications for battery operated smoke detectors to determine ongoing testing and replacement frequency for batteries and the smoke detectors.</p> <p>Review documentation to verify that fire alarm systems that are wired to a phone line are tested by a qualified or licensed professional e.g. an alarm company vendor, Fire Marshal, and that any recommendations are implemented.</p> <p>At residential and day service locations, audible and/or visual devices, e.g. smoke detectors, strobe lights, and fire alarm/bed shakers, are used and maintained according to manufacturers specifications.</p> <p>If immediate jeopardy situation refer to: J4 Non-functional fire alarm system or no working smoke detector.</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p>	No	No	No
	All Indicators			
! 142. SC 12	<p>Designated means of escape are unobstructed.</p> <p>The intent of this indicator is to determine if the individual has unobstructed means of escape from the location. Egress doors and windows are not blocked and allow a clear path for evacuation. Obstructed means of escape are to be cleared when discovered.</p> <p>If immediate jeopardy situation refer to: J5 Obstructed means of egress.</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p>	No	No	No
	All Indicators			
! 143. SC 13	<p>Exterior doors open from the inside without the use of tools or keys.</p> <p>Exterior doors shall open from the inside by using one or both hands engaged in a single unlocking motion. This is applicable to licensed residences with 3 individuals or less.</p> <p>In a CLA4+, use of other devices may be used with approval by the local Fire Marshal.</p> <p>In OH SL, hand operated dead bolts and safety chains are permissible unless contraindicated.</p> <p>If immediate jeopardy situation refer to: J6 Inability to open exterior doors from the inside without use of a key.</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p>	No	No	No
	All Indicators			
! 144. SC 14	<p>Escape windows open without the use of tools.</p> <p>Reference the site specific evacuation plan to see if windows are part of the plan. Rate "N/A" if the plan does not include windows as an egress.</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p>	No	No	No
	All Indicators			

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 145. SC 15	<p>Rooms and closets open from the inside.</p> <p>The intent of this indicator is to prevent individuals from being locked within rooms or closets. Locks on doors must not have the potential to prevent an individual's egress. Room and closet doors must open freely from the inside, without an individual needing to manipulate a locking device. If a door is locked, turning the doorknob from the inside will open the door, allowing egress.</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p>	No	No	No
	All Indicators			
! 146. SC 16	<p>Rooms that lock have tools which open them readily available.</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p>	No	No	No
	All Indicators			
! 147. SC 17	<p>Medications are to be kept locked, refrigerated as needed and access shall be limited to those authorized to administer medications except for individuals who self medicate and live independently.</p> <p>All medications shall be stored in a locked space solely used for the storage of medication. Controlled medications must be stored separately from other medications. Controlled medications must be stored under double lock in an immovable container. Medications requiring refrigeration shall be stored separately from food. Medications may be placed in a locked container in the same refrigerator in which food is stored. The temperature of the refrigerator shall be maintained between 36-46 degrees Fahrenheit. These requirements apply only to persons who cannot self-medicate as defined in the Medication Administration Regulations.</p> <p>Medications for individuals who self-administer shall be stored in such a way as to make them inaccessible to other individuals. Such medications shall be stored in a locked container or area unless the supervising nurse makes a determination that unlocked storage of the medication poses no threat to the health or safety of the individual or others.</p> <p>Controlled drug counts are completed at the beginning of each shift. Refer to Health Directive – DDS Medication Administration Practices for Controlled Drugs/ Medications, dated 7/25/08.</p> <p>If medicated items are found in an unlocked first aid kit, rate "Not Met".</p> <p>Potassium Iodide (KI) use for persons in the Emergency Planning Zone: This applies to the following public and private operated services in the EPZ: Community Living Arrangements, Individualized Home Supports, Continuous Residential Supports, Residential Centers, Family Respite Centers, Day Service Option locations, Sheltered Workshops, and Youth/Adult Camp.</p> <p>For individuals and support persons in the EPZ, DDS distributed KI, brand name IOSTAT, in April 2009 that have an expiration date of 2/2014. The KI tablets require a MD order and renewal every 180 days. The MD order shall state, "Potassium Iodide 130 mg po to be given per State of Connecticut Emergency Management Instructions". Only licensed personnel and certified unlicensed personnel can administer the KI tablets.</p> <p>Potassium Iodide Storage: For public services, the KI tablets are stored in the usual locked medication storage areas for safety reasons. For private services the provider should have a policy that addresses the storage area for KI tablets for safety reasons.</p> <p>The Department of Public Health (DPH) revised regulations for the "Emergency Distribution of Potassium Iodide in Youth Camps, Section 19-13-B27a (w)", that applies to Camp Harkness. The regulation requires that prior written consent is obtained for the voluntary ingestion of KI and that the documentation is maintained at the camp. Camps provide advice in writing to the person providing consent about the contraindications and possible side effects of KI. Only designated staff members can administer the potassium iodide tablets at camp, i.e. licensed personnel and certified unlicensed personnel. The KI tablets must be kept in a locked storage area or container in Youth Camps.</p> <p>Refer to DDS CLA Licensing Regulation: 18a1</p> <p>Refer to DDS Medical Advisory #99-3</p>	No	No	No
	All Indicators			
! 148. SC 18	<p>Basic first aid supplies are readily available at the individual's service location.</p> <p>Basic first aid supplies include only non-medicated items, excluding epi-pens. Refer to 11/2006 memorandum to providers from the DDS Director of Health and Clinical Services, regarding recommended first aid kit contents.</p> <p>If unlocked medications are found in first aid supplies, rate SC 17 as "Not Met" for individual's who cannot self-medicate.</p> <p>Refer to DDS CLA Licensing Regulation: 11h</p>	No	No	No
	All Indicators			

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 149. SC 19	<p>Basic first aid supplies are readily available in vehicles used to transport the individual.</p> <p>Basic first aid supplies include only non-medicated items, excluding epi-pens. Refer to 11/2006 memorandum to providers from the DDS Director of Health and Clinical Services, regarding recommended first aid kit contents.</p> <p>If unlocked medications are found in first aid supplies, rate SC 17 as "Not Met" for individual's who cannot self-medicate.</p> <p>Refer to DDS CLA Licensing Regulation: 11h</p>	No	No	No
	<u>All Indicators</u>			
! 150. SC 20	<p>Personal protection equipment (PPE) is readily available at the individual's service location.</p> <p>PPE shall include gloves, face shield or mask, eye protection, gown, a resuscitation device and other relevant PPE equipment items as described in agency's exposure control plan.</p> <p>Refer to DDS CLA Licensing Regulation: 11h</p>	No	No	No
	<u>All Indicators</u>			
! 151. SC 21	<p>Personal protection equipment (PPE) is readily available in vehicles used to transport the individual.</p> <p>PPE shall include gloves, face shield or mask, eye protection, gown, a resuscitation device and other relevant PPE equipment items as described in agency's exposure control plan.</p> <p>Refer to DDS CLA Licensing Regulation: 11h</p>	No	No	No
	<u>All Indicators</u>			
! 152. SC 38	<p>The individual's environment is free from potential hazards.</p> <p>The intent of this indicator is to determine if the individual's interior environment and property are free from potential safety hazards. For example, interiors, walkways and stairs are in good repair, garbage is properly contained or disposed of, the property is free of pests and pets have appropriate vaccinations and are not contraindicated for the individuals.</p> <p>There is safe storage of all materials consistent with individuals' needs. Consider individual specific safety needs, such as PICA, etc. For example, flammable items, poisonous items, cleaning products, etc.</p> <p>If immediate jeopardy situation refer to: J13 Pest Infestation, J15 Poisonous substances accessible, J16 flammable substances.</p>	No	No	No
	<u>All Indicators</u>			
! 153. SC 28	<p>The exterior and grounds of the individual's environment are safe.</p> <p>Exterior grounds should be clear of potential hazards and maintained in good condition. For example, refuse is properly contained or disposed of, the property is free of pests, egress doors and pathways are not blocked, pathways and driveways are maintained and free of debris and snow/ice during winter weather and pool areas are fenced and secured as appropriate. All exterior environments are well maintained. Ensure ornamental plantings do not pose a visual obstruction near traffic areas.</p> <p>For cleanliness concerns, rate SC 27a "Not Met".</p> <p>If immediate jeopardy situation refer to: J5 Obstructed means of egress.</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p>	No	No	No
	<u>All Indicators</u>			
! 154. SC 27a	<p>The individual's environment is clean.</p> <p>This indicator refers to all interior and exterior cleanliness.</p> <p>For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50.</p> <p>Refer to DDS CLA Licensing Regulation: 11d, 11i</p>	No	No	No
	<u>All Indicators</u>			

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	Attributes	CMS?	DDS Responsible	RFU?
! 155. SC 27b	<p>The individual's environment is structurally well-maintained.</p> <p>This indicator refers to both interior and exterior structural concerns.</p> <p>For potential safety concerns rate "SC 38" or "SC 28" "Not Met" as applicable. Dangerous situations caused by structural decline of the environment may indicate an immediate jeopardy situation; refer to Immediate Jeopardy Situation Reviewer Guidelines.</p> <p>For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC 50.</p> <p>Refer to DDS CLA Licensing Regulations: 11d, and 11i</p>	No	No	No
	All Indicators			
! 156. SC 50	<p>There are no physical environmental conditions that require funding or a contracting process for remediation.</p> <p>Remediation may include a capital improvement project or other corrective method that requires a long-term solution. Issues may include modifications to a home to promote individual safety, accessibility and privacy (e.g., climate control, handrails, countertops, free movement, bathroom, kitchen or other renovations, etc.).</p> <p>Rate "Not Rated" unless documentation of funding process is available.</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p>	No	Conditional	No
	All Indicators			
! 157. SC 27c	<p>The individual's environment is adequately lighted, has a comfortable temperature and is free from unpleasant odors.</p> <p>For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50.</p> <p>If immediate jeopardy situation refer to: J8 No heat; J9 No electric; J10 No or insufficient water (or unsafe water supply).</p> <p>Refer to DDS CLA Licensing Regulation: 11d, 11i</p>	No	No	No
	All Indicators			
! 158. SC 35	<p>Furniture and furnishings are safe and in good repair.</p> <p>Interior and exterior furniture and furnishings do not produce potential safety hazards to individuals.</p> <p>For example: Rugs have non-skid backing. Furniture arrangement does not restrict easy navigation for individuals who use adaptive mobility equipment.</p> <p>Refer to DDS CLA Licensing Regulation: 11e</p>	No	No	No
	All Indicators			
! 159. SC 30	<p>The location has sufficient toileting and/or bathing facilities and supplies to meet the individual's needs.</p> <p>The intent of this indicator is to determine if the location has sufficient bathing/toileting facilities and supplies. Consider the individual's specific needs for safe access and use of the facilities.</p> <p>For physical environmental conditions that require funding or a contracting process for remediation, use SC50.</p> <p>Refer to DDS CLA Licensing Regulation: 11f</p>	No	No	No
	All Indicators			
! 160. SC 25	<p>There is sufficient storage space for clothes and personal belongings.</p> <p>Individuals should have room to safely store their personal belongings, clothing, etc. Storage space may include individual storage areas, closets, bureaus, trunks, etc.</p> <p>Refer to DDS CLA Licensing Regulation: 11i</p>	No	No	No
	All Indicators			
! 161. SC 31	<p>Personal hygiene supplies in the individual's environment are stored separately from others and in a sanitary manner.</p> <p>Toothbrushes are stored in individual holders and nail clippers are not shared, etc. If more than one individual's supplies are kept in the same area, the supplies are labeled with the owner's name.</p>	No	No	No
	All Indicators			

**Report Filters:**

**Service: "RC" Active Indicator? "Yes"**

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 162. SC 32	<p>Bathrooms, common areas, and personal living spaces afford privacy.</p> <p>The intent of this indicator is to determine that the individual's environment meets their need for privacy, as appropriate. For example, doors on bathrooms and bedrooms, partitions and/or privacy screens in common areas, window coverings in bathrooms and bedrooms.</p> <p>Refer to DDS CLA Licensing Regulation: 11f</p> <p>All Indicators</p>	No	No	No
! 163. SC 33	<p>The individual's bedroom has a window or door that opens directly to the outside for ventilation.</p> <p>Screened windows should be intact.</p> <p>Refer to DDS CLA Licensing Regulation: 11c</p> <p>All Indicators</p>	No	No	No
! 164. SC 26	<p>Kitchen and dining areas have appropriate equipment for the sanitary storage, preparation, and serving of food and an adequate supply of food.</p> <p>Equipment includes but is not limited to: refrigerator, stove, other appliances, dishes, utensils, etc.</p> <p>All burners on gas stoves are working properly.</p> <p>If immediate jeopardy situation refer to: J12 Inadequate food supply.</p> <p>Refer to DDS CLA Licensing Regulation: 11i</p> <p>All Indicators</p>	No	No	No
! 165. SC 34	<p>Hot water temperature is maintained between 100 and 120 degrees Fahrenheit at water sources accessible to the individual.</p> <p>This indicator applies to sinks, bathtubs, bottled water dispensers with a hot water tap or other hot water source that an individual has access to.</p> <p>Water temperature must be maintained between 100 and 120 degrees Fahrenheit. For ICF settings water temperature must be maintained between 100 and 110 degrees Fahrenheit.</p> <p>Any support person who directly assists individuals during bathing must check the water temperature immediately before assisting the individual into the bath or shower. Refer to DDS Safety Alert; Hot Temperature Safety Awareness 12/27/2004.</p> <p>Hot and cold water dispensers present a serious burn hazard. DDS does not recommend use of such dispensers. If such units are present in any service, precautions must include a documented procedure for access to, education of and supervision of individuals using such units. Refer to DDS Safety Alert; Hot &amp; Cold Water Unit Dispensers 6/9/2004.</p> <p>Hot tubs: Individuals must have a written doctor's order from their primary physician to use a hot tub. Individual's using a hot tub must have direct supervision by support staff. Support persons who assist individuals during hot tub use must check the water temperature immediately before use. Refer to DDS Policy I.P.R.E.001 Water Safety.</p> <p>If immediate jeopardy situation refer to: J11 Hot water temperature above 138 degrees Fahrenheit. If water temperature exceeds 138 degrees Fahrenheit at hot water sources that an individual can access this is an immediate jeopardy situation. The provider must develop an immediate corrective action plan to resolve the potential burn risk. A corrective action plan involves but is not limited to:</p> <ol style="list-style-type: none"> <li>1. Install a thermostatic mixing valve or regulator that maintains water temperature between 100 and 120 degrees Fahrenheit. For ICF settings water temperature shall be maintained between 100 and 110 degrees Fahrenheit.</li> <li>2. Regularly measure water temperatures to ensure that the water temperature is maintained between 100 and 120 degrees Fahrenheit. For ICF settings water temperature shall be maintained between 100 and 110 degrees Fahrenheit.</li> <li>3. Assess each individual's capability to independently regulate water temperature and provide instruction to safely regulate hot water as needed.</li> <li>4. Document in the individual's record his or her ability to safely adjust water temperature.</li> <li>5. Provide constant within eyesight supervision of each individual, as needed, to prevent burn accidents.</li> </ol> <p>In CLAs and CRSs a thermostatic mixing valve is required. These devices are to be installed at the primary water-heating source (e.g., furnace, hot water heater). All new CLAs are required to have a thermostatic mixing valve installed as a condition of initial licensure. Refer to DDS Directive: Hot Water Anti-Scald Device Installation 8/25/2006.</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p> <p>All Indicators</p>	No	No	No
! 166. SC 36	<p>Any electrical outlet within six feet of an open water source is protected by a ground fault circuit interrupter (GFCI).</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p> <p>All Indicators</p>	No	No	No

**Report Filters:**

**Service: "RC" Active Indicator? "Yes"**

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! <b>167. SC 37</b>	<p>Electrical sockets and extension cords are not overloaded.</p> <p>Electrical outlet adapters shall not be used in electrical wall sockets. Wall sockets can only be used for one plug each.</p> <p>Power strips and surge protectors are acceptable for use when plugged into a single socket.</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p> <p>All Indicators</p>	No	No	No
! <b>168. SC 39</b>	<p>Electrical cords are not run under rugs.</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p> <p>All Indicators</p>	No	No	No
! <b>169. SC 40</b>	<p>Electrical outlets and junction boxes have cover plates and no exposed wires.</p> <p>Refer to DDS CLA Licensing Regulation (CLA3-): 11c</p> <p>Refer to DDS CLA Licensing Regulation (CLA4+): 11d</p> <p>All Indicators</p>	No	No	No
! <b>170. SC 41</b>	<p>A means to wash and dry clothes is available.</p> <p>Clothes washing and drying appliances are available either on site or otherwise accessible; a laundromat, for example.</p> <p>Refer to DDS CLA Licensing Regulation: 11m</p> <p>All Indicators</p>	No	No	No
! <b>171. SC 42</b>	<p>Clothes dryers are properly vented to the outside or to an appropriate inside filter unit.</p> <p>Clothes dryer venting is installed and maintained according to manufacturer's specifications.</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p> <p>All Indicators</p>	No	No	No
! <b>172. SC 44</b>	<p>Poisonous substances are correctly labeled and safely stored according to the needs of the individual.</p> <p>If immediate jeopardy situation refer to: J15 Poisonous substances accessible (as appropriate based on individuals).</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p> <p>All Indicators</p>	No	No	No
! <b>173. SC 45</b>	<p>Combustible and flammable substances are used and stored appropriately.</p> <p>Approved gasoline storage containers and approved propane storage containers are used. Oil-based paint, lighter fluid, and other substances are labeled and stored safely. Storage is permissible in a shed or garage if the substances are in limited quantities (i.e., five gallons or less of gasoline, no more than two gas grill propane tanks) and are stored in an area furthest from the residence. Attached storage areas must have a firewall adjacent to the residence.</p> <p>Applicable only to CLAs and CRSs, combustible and flammable substances are stored outside the individual's residence at least 10 feet away from the residence.</p> <p>If immediate jeopardy situation refer to: J16 Flammable substances in the home (gas, significant quantities of oil-based paint, etc.).</p> <p>Refer to DDS CLA Licensing Regulation: 11d Hazard prevention</p> <p>All Indicators</p>	No	No	No
! <b>174. SC 43</b>	<p>Basements are free of standing water.</p> <p>Refer to DDS CLA Licensing Regulation: 11d</p> <p>All Indicators</p>	No	No	No

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 175. SC 29	<p>The individual's environment is accessible, as needed, and promotes individual independence.</p> <p>The intent of this indicator is to determine if the setting is accessible to the individual. The setting has, as indicated by each individual's needs, ramps, automatic door openers, grab bars, tables, counters and appliances at appropriate height, ample space, etc. Bathing facilities meet the individual's needs. Any environment within the location where the individual receives service is accessible.</p> <p>For physical environmental conditions that require funding or a contracting process for remediation, use indicator SC50.</p> <p>All Indicators</p>	No	No	No
! 176. SC 49	<p>There is documentation that the safe condition and designed use of adaptive equipment and safety devices is monitored.</p> <p>Periodic monitoring and documentation of monitoring of the safe condition and designed use of adaptive equipment and safety devices should occur on a regular basis, in accordance with manufacturer's specifications, in order to ensure that the safety of the consumer and functionality of adaptive equipment and safety devices is evaluated. Note that this includes both the sample individual's adaptive equipment and safety devices and common adaptive equipment and safety devices.</p> <p>Seat/lap belts, wheelchairs, side rails, adaptive equipment, etc.</p> <p>For Bed and side rail safety: Bed safety audits must be completed at least annually. Refer to DDS Health Bulletin #98-4 R Bed and Side Rail Safety (Rev. 10/2000).</p> <p>There is documentation that all monitoring devices including but not limited to door alarms, listening devices or other sensors have been regularly checked and maintained in good operating condition. Refer to DDS Safety Alert; Individual Safety Monitoring Devices 4/4/2007.</p> <p>In OH-SL: If it is documented in the individual's IP that they are capable of independently monitoring his or her own adaptive equipment and safety devices, then rate "N/A".</p> <p>Refer to DDS CLA Licensing Regulation: 11e, 18a3A</p> <p>All Indicators</p>	No	No	No
! 177. SC 48	<p>Adaptive equipment and safety devices are in good condition and used as designed.</p> <p>The intent of this indicator is to ensure that both the sample individual's adaptive equipment and safety devices and common adaptive equipment and safety devices are being maintained and utilized as designed.</p> <p>Shower chair safety belts securely hold an individual and operate as designed. Grab bars are securely fastened, etc.</p> <p>If immediate jeopardy situation refer to: J2 Non-functioning adaptive equipment (wheelchair, braces, shower/tub/toilet chairs, bedrails, feeding pumps, etc.).</p> <p>Refer to DDS CLA Licensing Regulation: 11e, 18a3A</p> <p>All Indicators</p>	No	No	No
! 178. SC 46	<p>Vehicle adaptive equipment and vehicle safety devices are in good condition and used as designed.</p> <p>The intent of this indicator is to ensure that vehicle adaptive equipment and safety devices are used and maintained according to manufacturer's specifications, are functional and that they are utilized as designed. This includes manufacturer installed seat belts as well as wheelchair tie down &amp; restraint systems, safety harnesses/vests, seatbelt clips, wheelchair lifts, etc.</p> <p>All adaptive equipment shall be secured so that it does not present a hazard while the vehicle is in use.</p> <p>The vehicle is clean and well maintained. There is no evidence of people smoking in vehicles.</p> <p>If immediate jeopardy situation refer to: J17 Vehicle safety equipment is in disrepair (seatbelts, wheelchair anchors, vehicle maintenance).</p> <p>All Indicators</p>	No	No	No
! 179. SC 47	<p>There is documentation that the safe condition and designed use of adaptive vehicle safety devices is monitored.</p> <p>Periodic monitoring and documentation of the safe condition and designed use of vehicle adaptive equipment and safety devices should occur on a regular basis. This includes wheelchair tie down &amp; restraint systems, safety harnesses/vests, seatbelt clips, wheelchair lifts, etc. This does not include non-adaptive vehicle seat belts.</p> <p>Refer to DDS CLA Licensing Regulation: 18a2E</p> <p>All Indicators</p>	No	No	No

## Report Filters:

Service: "RC" Active Indicator? "Yes"

		Attributes	CMS?	DDS Responsible	RFU?
<b>D Documentation</b>					
! 180. D 1	The individual's plan indicates he or she directed or participated in the planning process to the extent that he or she chose to participate.		Yes	Always	Yes
	<p>The intent of this indicator is to ascertain if the individual has involvement in the planning process to his or her desire and capability. Family members sometimes participate along with the consumer. Individuals and their family members are encouraged to participate in the planning process to the greatest degree possible; they may or may not choose to participate in the process. Individuals and their family members are encouraged to communicate their needs and preferences and to choose from among support options and providers. Every effort will be made to schedule the planning meeting at times and locations that will facilitate participation by the individual and his or her family, guardian, advocate or other legal representative, as applicable.</p> <p>If the individual chooses not to attend his or her planning meeting, a personal support team member will seek from the individual his or her feedback that will be used at the planning meeting to develop his or her Individual Plan. If the individual chooses not to attend his or her planning meeting, the plan is to be communicated to the individual by a support team member and the nature and date of this communication is to be documented in the plan.</p> <p>The individual's plan documents how the individual was involved in directing his or her plan. As possible, the individual signs his or her plan. Individuals and the people who are important in their lives will receive the supports they need to be directly involved in the development and implementation of their Individual Plan including supports in their native language or primary mode of communication.</p> <p>Refer to IP 9, Individual's Participation in the Planning Process. Refer to IP.11, IP Signature Sheet. Refer to Procedure No. I.C.1.PR.002b Subject: Planning and Support Team.</p> <p>At Family Respite Centers, an individual's planning process is documented on DDS Family Respite Center forms. (DDS Family Respite Center Procedure Attachments B, F, G, H, I and L)</p> <p>For individuals living in private ICF/MR homes, this indicator is to be rated Not Rated (NR) for the following service types: CLA4 (four or more individuals living in the home), DSO, GSE, SHE, SEI.</p> <p>Refer to DDS CLA Licensing Regulation: 17d</p>				
	All Indicators Case Management As A Service				
! 181. D 57	The individual's plan is on file at the service location, available for support staff to implement.		No	Conditional	No
	<p>The individual's current Individual Plan must be on file at the service location within 30 days of plan development. The individual's IP may be at a provider location for support persons' use when the individual has mobile support services or an own home/family setting.</p> <p>In the service types of DSO, GSE, SHE and SEI, if an individual lives in a private ICF/MR home, the plan used may be other than an Individual Plan. For example; IP short, IP transition, OPS, Person-centered Plan may be used.</p> <p>If the individual's plan is not available at the service location, and service provider can show documentation of their attempts to obtain this information from DDS, the indicator will be rated "Not Met, DDS Responsible".</p>				
	All Indicators				
! 182. D 2	The Individual Plan is developed on a timely basis.		Yes	Always	Yes
	<p>Refer to Policy No. I.C.1.PO.002 Subject: Individual Planning: [When a person is determined to be eligible for services of the department, and he or she is determined by PRAT to begin receiving services], "The person's assigned case manager will ensure that an initial individual plan will be developed within 60 days of the [case manager's] initial visit. A new individual plan will be developed within 60 days when an individual moves to a new residence."</p> <p>Refer to "A Guide to Individual Planning": Individual Planning Timeframe – At a minimum, Individual Plans will be developed for persons on the waiver annually. For HCBS waiver recipients, the plan must be reviewed within 365 days of the prior plan date.</p> <p>For CLAs only, per regulation: "The plan shall be developed no longer than 45 days from the time the individual is admitted. Time frames may be specified due to individual needs but not for the convenience of staff." "If an individual exceeds 30 days in respite status, the licensee shall conduct an IDT meeting within 10 working days following the expiration of the 30 day respite status to identify and implement priority health and habilitative needs."</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>In the service types of DSO, GSE, SHE and SEI, if an individual lives in a private ICF/MR home, the plan used may be other than an Individual Plan. For example; IP short, IP transition, OPS, Person-centered Plan may be used.</p> <p>Refer to DDS CLA Licensing Regulation: 17b, 17c, 17k</p>				
	All Indicators Case Management As A Service				

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
		<b>Yes</b>	<b>No</b>	<b>Yes</b>
! 183. D 43a	<p>The plan is implemented on a timely basis.</p> <p>The intent of this indicator is to determine if the provider has implemented the components of the IP they are responsible for in a timely manner. Time frames for implementation of the IP may be specified based on a person's specific needs, but not for the convenience of staff. If a goal has not been addressed, documentation as to why should be on file. All reviewers should review provider documentation including progress notes, data sheets, and in-service training records to determine if all of the services and supports were implemented in accord with the IP date.</p> <p>In the service types of DSO, GSE, SHE and SEI, if an individual lives in a private ICF/MR home, the plan used may be other than an Individual Plan. For example; IP short, IP transition, OPS, Person-centered Plan may be used.</p> <p>Refer to DDS Policy No. I.C.1.PR.002a: Refer to the IP Action Plan form for specific information on timelines for implementation of specific goals and strategies.</p> <p>Refer to CLA Licensing Regulations: 17b, 17c, 17l</p>			
	<u>All Indicators</u>			
! 184. D 11a	<p>Demographic and personal information is maintained in the individual's record.</p> <p>The IP Information Profile and other documented personal information are updated annually or when changes in the person's life occur. This information includes the individual's name, date of admission, date of birth, place of birth, social security number, department number, current family information, and personal characteristics including language, ethnicity, legal status and any other demographic information relevant to the individual.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>Refer to DDS CLA Licensing Regulations: 16e, 16g, and 16i</p>	<b>No</b>	<b>No</b>	<b>No</b>
	<u>All Indicators</u>			
! 185. D 3	<p>Each HCBS Waiver service relates to an identified need in the Individual Plan.</p> <p>Each HCBS Waiver service in IP.6: Summary of Supports and Services relates to an identified need in the IP.5: Action Plan or IP.2: Personal Profile.</p> <p>Refer to "A Guide to Individual Planning": The Summary of Supports and Services, IP.6, identifies the individual's support providers. The information documented in the plan should include the agency or individual who will provide support, the type of service or support and the amount of service or support. IP's that include waiver services should specify which waiver service(s) to be provided (ex. Personal Support, Group Supported Employment, Respite, Consultative Services). This Section should also include the type and frequency of contact the case manager will have with the person. For individuals who self-direct, the Summary of Supports and Services does not have to include specific costs associated with hiring staff such as workers compensation or background checks.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p>	<b>No</b>	<b>Always</b>	<b>No</b>
	<u>All Indicators</u>			
	<u>Case Management As A Service</u>			
! 186. D 4	<p>The individual's preferences and personal goals are identified in his or her plan.</p> <p>Refer to IP.2, Personal Profile and IP.3, Future Vision. The individual's preferences can include relationships with family and friends, routines, community participation, ethnic, cultural, and religious identities, a vision for the future, etc.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>Refer to DDS CLA Licensing Regulation: 17f</p>	<b>Yes</b>	<b>Always</b>	<b>Yes</b>
	<u>All Indicators</u>			
	<u>Case Management As A Service</u>			
	<u>Cultural Competency</u>			

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 187. D 13	<p>The individual's plan indicates he or she is working on chosen goals.</p> <p>The individual is working on one or more chosen goal(s) that reflect his or her interests and life circumstances.</p> <p>The individual's planning process includes the identification of personal goals, desired outcomes and personal preferences as reflected in IP.2: Personal Profile, IP.3: Future Vision, I.P. 5: Action Plan, IP.9: Individual's Participation in the Planning Process and IP.12: Periodic Review of Plan.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, and SEI.</p> <p>Refer to DDS CLA Licensing Regulation: 17d, and 17f</p> <p>This indicator will be considered "Met" when the individual's record notes that the individual is working on one or more chosen goals.</p>	Yes	Always	Yes
	<p><u>All Indicators</u></p> <p><u>Case Management As A Service</u></p>			
! 188. D 17	<p>The record indicates the individual is engaging in activities that reflect personal preferences.</p> <p>Review the individual's documented personal preferences in his or her Individual Plan. Review documentation of preferred activities in which the individual participates.</p> <p>Refer to DDS CLA Licensing Regulation: 17g</p>	No	No	No
	<p><u>All Indicators</u></p> <p><u>Cultural Competency</u></p>			
! 189. D 5a	<p>The individual's record contains necessary and current health assessments, screenings, evaluations, reports and/or profiles.</p> <p>Evidence found in IP.2: Personal Profile, IP.3: Future Vision, IP.4: Assessments, IP.5: Action Plan, and IP.6: Summary of Supports and Services. As part of the assessment review, the individual and his or her planning and support team shall complete and review the Level of Need (LON). If a significant need is identified in the LON it must be addressed in the IP.5 Action Plan. The individual's record, including assessments, shall include the status of current and needed healthcare.</p> <p>Refer to "A Guide to Individual Planning", Individual Planning Sections "Review Recent Assessments, Screenings, Evaluations and Reports" and the Assessments section of the Individual Plan, IP.4, should list the current assessments, screenings, evaluations, and reports that are available or needed by the individual. Any assessments identified as needed must be referenced in the Action Plan, IP.5 and should be completed within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.</p> <p>Documentation must be available to show what type of support the nurse is providing. If a nurse is provided through a Healthcare agency, the individual must sign a release so that copies of the agency's documentation of services provided is available in the home.</p> <p>Self-Administration of Medication Assessments: All individuals are required to have a baseline assessment on file. The RN must identify on at least an annual basis that the assessment remains current. An updated assessment shall be completed whenever there is a change in the individual's self-administration abilities.</p> <p>For day services, this indicator refers to assessments, etc., relevant to the day service circumstances.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 17e, 17k 17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.</p> <p>For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures. Refer to DDS Family Respite Center forms (attachments B, C and D- physician's orders).</p>	Yes	Conditional	Yes
	<p><u>All Indicators</u></p>			

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	Attributes	CMS?	DDS Responsible	RFU?
		Yes	Conditional	Yes
! 190. D 5b	<p>The individual's record contains necessary and current safety assessments, screenings, evaluations, reports and/or profiles.</p> <p>Evidence found in IP.2: Personal Profile, IP.3: Future Vision, IP.4: Assessments, IP.5: Action Plan, and IP.6: Summary of Supports and Services. As part of the assessment review, the individual and his or her planning and support team shall complete and review the Level of Need (LON). If a significant need is identified in the LON it must be addressed in the IP.5 Action Plan.</p> <p>Refer to "A Guide to Individual Planning", Individual Planning Sections "Review Recent Assessments, Screenings, Evaluations and Reports" and the Assessments section of the Individual Plan, IP.4, should list the current assessments, screenings, evaluations, and reports that are available or needed by the individual. Any assessments or reviews identified as needed must be referenced in the Action Plan, IP.5 and should be done within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.</p> <p>For Bed and side rail safety: Bed safety audits must be completed at least annually. Refer to DDS Health Bulletin #98-4 R Bed and Side Rail Safety (Rev. 10/2000).</p> <p>Aquatic Activity Screening: Refer to DDS Policy I.P.R.E.001 Water Safety</p> <p>An individual's Bathing Guideline identifies the level of supervision needed and whether or not the individual can safely regulate water temperature. Refer to Safety Alert "Bathing and Personal care" issued 12/19/00, reissued 5/13/10.</p> <p>Includes individualized training on procedures to educate the individual about abuse and neglect detection and prevention if appropriate.</p> <p>For day services, this indicator refers to assessments, etc., relevant to the day service circumstances.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 17e, 17k 17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.</p> <p>For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures. Refer to DDS Family Respite Center forms (attachments B, C and D- physician's orders).</p>			

### All Indicators

! 191. D 5c	<p>The individual's record contains necessary and current programmatic assessments, screenings, evaluations, reports and/or profiles.</p> <p>Evidence found in IP.2: Personal Profile, IP.3: Future Vision, IP.4: Assessments, IP.5: Action Plan, and IP.6: Summary of Supports and Services. As part of the assessment review, the individual and his or her planning and support team shall complete and review the Level of Need (LON). If a significant need is identified in the LON it must be addressed in the IP.5 Action Plan.</p> <p>Refer to "A Guide to Individual Planning", Individual Planning Sections "Review Recent Assessments, Screenings, Evaluations and Reports" and the Assessments section of the Individual Plan, IP.4, should list the current assessments, screenings, evaluations, and reports that are available or needed by the individual. Any assessments or reviews identified as needed must be referenced in the Action Plan, IP.5 and should be done within three months. However, any issue or concern that poses an immediate risk must be addressed immediately.</p> <p>The individual's plan shall consider the individual's need to participate in training for the detection and prevention of abuse and neglect, and to learn about economic supports (i.e. insurances, benefits, income).</p> <p>For DDS Family Respite Centers, refer to the Guest Profile and other respite documents identified in DDS procedures.</p> <p>For day services, this indicator refers to assessments, etc., relevant to the day service circumstances.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 17e, 17k 17k states the OPS planning process shall be conducted annually based on an annual assessment of the individuals functioning skills.</p>	Yes	Conditional	Yes
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### All Indicators

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 192. D 9	<p>The individual's plan identifies behavioral issues and strategies, as applicable.</p> <p>Behavioral issues and strategies shall be identified in IP.2: Personal Profile, LON and IP.4: Assessments and IP.5: Action Plan. The IP shall specify in which settings/supports the strategies are to be utilized.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>Refer to DDS CLA Licensing Regulation: 17f</p> <p>All Indicators Case Management As A Service</p>	Yes	Always	Yes
! 193. D 10	<p>The individual's plan identifies any supports that require coordination across settings.</p> <p>Refer to "A Guide to Individual Planning", Action Plan –IP.5. Settings include home, work and the community. Coordination of supports across settings may include specialized diets, medical concerns and adaptive equipment needs.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>Refer to DDS CLA Licensing Regulation: 17f</p> <p>All Indicators Case Management As A Service</p>	Yes	Always	Yes
! 194. D 12	<p>There is evidence that, if necessary, the individual is supported to obtain a legal representative to manage his or her finances.</p> <p>The need for a legal representative to manage the individual's finances may be identified in IP.5 Action Plan, IP.1 Information Profile, IP.2 Finances section and/or IP.9: Individual's Participation in the Planning Process. A legal representative may be a conservator.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>All Indicators Case Management As A Service</p>	No	Always	No
! 195. D 16	<p>The individual's choice of service options and support providers are reflected in his or her Individual Plan.</p> <p>Refer to IP.6, Summary of Supports and Services. Refer to the IP.1, Information Profile to see that the individual was notified of service options and choices in the Notification and Reviews section.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>All Indicators Case Management As A Service</p>	Yes	Always	Yes
! 196. D 19	<p>The individual's record indicates the case manager shared information with the person and his or her representatives and was supported to choose his/her service options, providers and degree of self-direction and management, as desired.</p> <p>Refer to IP.1 Information Profile, Notifications and Reviews Section.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>All Indicators Case Management As A Service</p>	Yes	Always	Yes

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 197. D 22	<p>There is evidence that the individual has the support of a guardian or advocate as needed.</p> <p>The intent of this indicator is to determine that there is documentation identifying the individual's guardianship status. There shall be documentation that the individual's guardianship is reviewed by the Probate Court at least every three years. State law was amended in 2004 such that, for persons DDS determines to be "severe" or "profound", DDS need not submit a report for the 3-year review, unless specifically required by the Probate Court.</p> <p>There shall be evidence that the individual's team has addressed any identified need for an advocate, guardian or a change in guardianship.</p> <p>Refer to IP.9: Summary of Representation, Participation and Plan Monitoring under Choice and Decision-Making.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 16f</p> <p>All Indicators Case Management As A Service</p>	No	Always	No
! 198. D 24	<p>The Individual Plan identifies the supports the individual needs to manage his or her finances.</p> <p>Refer to IP.2: Personal Profile Finances Section, IP.5 Action Plan for the individual's financial management supports.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>All Indicators Case Management As A Service</p>	Yes	Always	Yes
! 199. D 28	<p>The individual's record documents the support provided him or her to understand, obtain and maintain entitlements, benefits, and insurances.</p> <p>Refer to IP.1 -Information Profile to identify the individual's entitlements, benefits and insurances.</p> <p>Refer to DDS CLA Licensing Regulation: 16h</p> <p>All Indicators</p>	No	Conditional	No
! 200. D 42	<p>The individual's record documents that applications/redeterminations for Medicaid Title 19 and other entitlements and benefits have been processed.</p> <p>Refer to IP.1: Information Profile – Resource and Benefit information.</p> <p>All Indicators</p>	Yes	Conditional	Yes
! 201. D 43	<p>Direct service providers maintain documentation of supports and services provided and progress made.</p> <p>The intent of this indicator is to determine if the services are being delivered to the individual as identified in the IP and that the provider maintains documentation of services and supports provided and progress made. Providers should maintain documentation of specific plans to implement goals identified in the Individual Plan. This includes documentation of individual progress, data and/or anecdotal notes, as applicable.</p> <p>Review provider specific plans including teaching strategies, nursing plans of care, protocols and guidelines. If the person is not receiving the supports or services necessary, or if the individual is not making progress in his/her identified goals, the team should address the issue to ensure that the individual is receiving needed services.</p> <p>Attendance records may also be reviewed.</p> <p>Support providers who are hired directly by the person or family to provide support should document progress on specific personal outcomes and goals for which they are responsible.</p> <p>Refer to DDS CLA Licensing Regulation: 17h, 17j</p> <p>All Indicators</p>	Yes	No	Yes
! 202. D 43b	<p>After the IP development, providers obtain needed assessments, screenings evaluations reports and/or profiles and/or follow-up on recommendations.</p> <p>The intent of this indicator is to determine if providers have obtained needed assessments, screenings, evaluations, and reports in a timely manner. Refer to IP.4 Assessments, Screenings, Reports, and Evaluations, and the IP.5 Action Plan to determine if these have been addressed within the timeframes specified in the IP.</p> <p>All Indicators</p>	Yes	No	Yes

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 203. D 44	<p>The individual's plan identifies health and safety issues and strategies.</p> <p>Refer to the Level of Need (LON) and IP.4: Assessments, Screenings, Evaluations, and Reports. Areas identified shall be addressed in IP.2: Personal Profile or IP.5: Action Plan.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>Refer to DDS CLA Licensing Regulation: 17e</p>	Yes	Always	Yes
	<p>All Indicators</p> <p>Case Management As A Service</p>			
! 204. D 59	<p>The individual's record documents the inspection, maintenance and monitoring of all Individual Safety Monitoring Devices.</p> <p>Review the Individual Plan for documentation of the need for Safety Monitoring Devices including, but not limited to: door alarms, listening devices and other sensors.</p> <p>Refer to DDS Safety Alert Issued April 4, 2007 regarding "Individual Safety Monitoring Devices". Review agency policy and procedures regarding Individual Safety Monitoring Devices. Documentation verifies that all Safety Monitoring Devices are regularly checked and maintained in good operating condition.</p> <p>Reviewers shall test safety monitoring devices to ensure proper working condition. If safety monitoring devices are not working properly, reviewers are to consider whether it is an immediate jeopardy situation and take proper action as described in the Jeopardy Guidelines.</p>	No	No	No
	<p>All Indicators</p>			
! 205. D 33	<p>The Individual Plan documents responsiveness to the individual's requests to make changes in supports and services or providers, if applicable.</p> <p>The intent of this indicator is to ensure that there is documentation available to show that the individual's team and/or provider has responded to the individual's requests to make changes in supports, services or providers.</p> <p>Evidence exists in the Plan or Periodic Review that demonstrates that if the person requested a change there was a response to this request. For example, implementation of the portability process, changes in service type, or amount of support is documented.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p>	Yes	Always	Yes
	<p>All Indicators</p> <p>Case Management As A Service</p>			
! 206. D 36	<p>The Individual Plan identifies additional qualifications and training required for staff to adequately support the person, if needed.</p> <p>The intent of this indicator is to ensure that there is documentation in the individual's IP.7: Provider Qualifications and Training section regarding support person training, specific to the individual's needs that are related to the support service being reviewed.</p> <p>IP.7 should reference staff qualifications and training specific to the individual, which may include but is not limited to the individual's health needs, behavioral support plans, ambulation protocols, allergy protocols, adaptive equipment, positioning, dietary / dining guidelines, etc.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p>	Yes	Always	Yes
	<p>All Indicators</p> <p>Case Management As A Service</p>			

Report Filters:

Service: "RC" Active Indicator? "Yes"

	Attributes	CMS?	DDS Responsible	RFU?
! 207. D 48	For HCBS Waiver recipients, the Individual Plan HCBS Redetermination Form is complete and current.  The intent of this indicator is to ensure that the HCBS Re-determination Form (IP.10) is present in the DDS Case management record and completed on an annual basis. An original HCBS Re-determination form with actual Case Manager signature must be maintained in the Case Management record.  Check to see if the individual is an HCBS Waiver recipient: CAMRIS; CDMMEN; status 1 field - if an individual is in the waiver, this field will display either "IFS" or "HCB". If the individual is in the waiver, in the individual's record look for: DDS Form 219 IFS or the IP.10 HCBS Re-determination form.  If the individual is not on a waiver, rate as "N/A".	Yes	Always	Yes
	All Indicators Case Management As A Service			
! 208. D 15	Individual Progress Reviews identify that needed services and supports are received.  The intent of this indicator is to ensure that the service provider reviews and documents that the supports and services on the specific personal outcomes and actions for which they are responsible, as outlined in the Action Plan IP. 5 are being implemented.  Service providers are required to submit a written six month Individual Progress Review to the Case Manager and other team members prior to the annual Plan and six months thereafter.  Staff hired directly by the individual or family to provide self-directed supports will maintain ongoing documentation of the individual's progress on goals.  Refer to Procedure No. I.C.1.PR.002b Subject: Planning and Support Team. On an ongoing basis, the planning and support team will discuss any significant changes in the individual's life that warrant a revision of the Individual Plan. The planning and support team will identify the nature and minimum frequency of Plan reviews and shall meet to review and update the Individual Plan at least annually. A formal review of the Individual Plan may be requested at any time by a planning and support team member. In cases where more frequent meetings or progress reports are required by other state or federal regulations, the more stringent requirements shall prevail.  For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.  Refer to DDS CLA Licensing Regulation: 17h, 17j	Yes	No	Yes
	All Indicators			
! 209. D 18	Individual Progress Reviews reflect progress on personal outcomes identified in the individual's plan.  The intent of this indicator is to ensure that the service provider reviews and documents progress on the specific personal outcomes and actions for which they are responsible, as outlined in the action steps IP. 5.  The provider should have documentation that a review has been made based on written, measurable, goals as identified in the Action Plan IP.5.  This indicator will be considered "Met" when the individual's record indicates that there is documentation that the provider has reviewed one or more personal outcomes noted in Action Plan IP.5 that the provider is responsible for.  In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.  For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.  Refer to "A Guide to Individual Planning".  Refer to DDS CLA Licensing Regulation: 17h	No	No	No
	All Indicators Cultural Competency			

Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 210. D 20	<p>The Individual Plan is modified based on changes in the individual's life goals or circumstances and preferences.</p> <p>The intent of this indicator is to ensure that there is documentation to show that the individual's Plan has been modified to reflect changes in the individual's life goals, circumstances or preferences.</p> <p>Refer to the individual's current IP, Individual Progress Reviews of the Plan.</p> <p>Refer to Procedure No. I.C.1.PR.002b Subject: Planning and Support Team. On an ongoing basis, the planning and support team will discuss any significant changes in the individual's life that warrant a revision of the Individual Plan. A formal review of the individual plan may be requested at any time by a planning and support team member. Substantial changes in the person's Individual Plan require formal agreement and documentation by the planning and support team. Revisions to the Individual Plan shall be documented on the plan or the Individual Progress Review.</p> <p>Rate "N/A" if no major/significant life changes have occurred.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>Refer to "A Guide to Individual Planning"</p> <p>Refer to DDS CLA Licensing Regulation: 17h</p> <p>All Indicators Case Management As A Service Cultural Competency</p>	Yes	Always	Yes
! 211. D 21	<p>The Individual Plan or Individual Progress reviews document the individual's satisfaction with supports and services.</p> <p>The intent of this indicator is to ensure that there is documentation available regarding the individual's satisfaction with supports and services.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>For consumers living in private ICF/MR homes, this indicator is to be rated "Not Rated" for the following service types: CLA, DSO, GSE, SHE, SEI.</p> <p>All Indicators</p>	No	Conditional	No
! 212. D 23	<p>The individual's record contains necessary notifications.</p> <p>The intent of this indicator is to ensure that there is documentation available to show that the individual and his or her representatives have been properly notified as required.</p> <p>Notifications should include all those listed in IP. 1: Information Profile, Notifications and Reviews Section.</p> <p>In family settings (FAM), when there is not an agency providing supports, review Case Management Record only. When an agency is providing the FAM supports, review the agency's record for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 15a1</p> <p>All Indicators Case Management As A Service</p>	Yes	Always	Yes

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 213. D 26	<p>The individual's record contains necessary Human Rights Committee (HRC), Program Review Committee (PRC), and consent documents, as applicable.</p> <p>The intent of this indicator is to ensure that there are applicable HRC, PRC and consents available in the individual's record as required.</p> <p>Consents include those addressed during annual planning by the Case Manager. Consents include, as applicable (but not limited to): use of behavior modifying medication, use of restrictive programs and/or procedures, administration of medication, routine medical treatment, emergency medical treatment, medication disposal, photo release, release of confidential information and consent for pre-sedation for medical and dental procedures (as needed). There is evidence that the individual or his or her guardian controls access to personal information.</p> <p>Initial consent is required for routine medical treatment and additional consent is required for non-routine invasive procedures, as needed.</p> <p>If applicable, documentation of PRC and HRC reviews are on file, including documentation of follow-up to qualifications.</p> <p>Refer to P&amp;P I.E.PO.003 subject: Behavior Modifying Medications I.E.PR.003 subject: Behavior Modifying Medications (Attachment A) &amp; See D1B, D2C&amp;D I.E.PO.004 subject: Program Review Committee I.E. PR. 004 subject: Program Review Committee I.E. PR. 006 subject: Pre-Sedation for Medical/Dental Procedures</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Note: PRC does NOT review psychotropic medications for individuals living with their families. PRC policy does apply if staff use restrictive programs with individuals living in their family homes.</p> <p>Refer to DDS CLA Licensing Regulation: 15a1, 15b1, 15b2, 15b3B, 18a2A, 18a2B, 18a2C, 18a2D</p>	No	Conditional	No
	<u>All Indicators</u>			
! 214. D 27	<p>The individual's record identifies that required procedures were followed if his or her rights were restricted.</p> <p>The intent of this indicator is to ensure that there is documentation available showing that required procedures were followed if the individual's rights were restricted.</p> <p>Refer to documents such as the Individual Plan, Behavioral Support Plan or DDS Incident Reports (DDS 255) to discover if the individual's rights have been restricted.</p> <p>Refer to relevant Policies and Procedures (e.g., restraint and/or aversive program methods). Restrictions may include buzzers installed on doors to restrict movement, and physical restraint or aversive program methods. Check for approval by PRC and/or HRC. Procedures are followed as designed and associated documentation is complete.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS Procedure I.E.PR.002 - Behavior Support Plans</p> <p>Refer to DDS CLA Licensing Regulation: 15a, 15b1, 15a4</p>	No	Conditional	No
	<u>All Indicators</u>			
! 215. D 27d	<p>Approved behavioral techniques are used when an emergency restraint occurs.</p> <p>The intent of this indicator is to ensure that approved behavioral techniques are used when an emergency restraint occurs and proper documentation of the emergency restraint is available.</p> <p>Review records, including staff notes, the behavioral support plan, behavior data, DDS 255s to see if unapproved behavioral techniques or unauthorized restraint has been documented as having been used for the individual. Documentation of approved behavioral techniques includes proper notification of the use of emergency restraint, appropriate team notification and review of restraint, as required.</p> <p>Refer to list of DDS approved curriculum of restraints, PR.009 attachment I.</p> <p>Refer to DDS Procedure I.E.PR.002 - Behavior Support Plans</p> <p>Refer to DDS CLA Licensing Regulation: 15b1, 15b5</p>	No	No	No
	<u>All Indicators</u>			

## Report Filters:

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	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 216. D 58	<p>The individual has been informed of the complaint procedure to follow if he or she is not satisfied with his or her services and supports.</p> <p>The intent of this indicator is to ensure that there is documentation available to show that the individual and his or her representatives have been informed of the complaint procedure to follow if he or she is not satisfied with the services and supports being reviewed.</p> <p>Refer to agency policy and see if there is a documented complaint process. Documentation may include but is not limited to: consumer handbook, resident rights, agency policy, etc.</p> <p>Verify that the individual and/or guardian have signed an acknowledgement of the agency's grievance procedure.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.</p>	No	No	No
	<u>All Indicators</u>			
! 217. D 39	<p>The individual's record contains documentation on DDS Form 255's for incidents of injury, restraint, unusual incidents and medication errors.</p> <p>The intent of this indicator is to determine that the provider is maintaining a copy of DDS 255's &amp; 255m's at the service location. Review the individual's file to see if the DDS 255's &amp; 255m's are on file for incidents involving injuries, unusual incidents, hospitalizations including ER &amp; Walk-in visits, use of restraint and medication errors.</p> <p>Refer to DDS Procedure I.D.PR.009 Incident Reporting. This procedure delineates a standard process for reporting, documentation and follow-up.</p> <p>For Individuals who live in Own/Family Home and receive DDS funded services, refer to I.D.PR.009a.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. Documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there is any documentation kept in these areas. Otherwise, documentation will be maintained in the case management record and with the FI record. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 15a4B, 15a4D, 16a, 16b, 16c</p>	No	No	No
	<u>All Indicators</u>			
! 218. D 40	<p>Individual's incidents and accidents are reported, investigated and followed-up as appropriate.</p> <p>The intent of this indicator is to determine if the provider is routinely reporting all incidents and accidents using the DDS 255 Incident Report Forms and Critical Incident Follow-Up Form as necessary.</p> <p>Verify that Follow-up is complete for all incidents and accidents that warrant follow up (e.g., follow-up may be by a nurse, team, clinician or other professional).</p> <p>Discovery of accidents and incidents may occur in the course of reviewing documentation in general. For example, a provider log or nursing progress notes may indicate an occurrence of an incident or accident. If so, look for related incident and accident reports completed by the provider.</p> <p>Refer to DDS Procedure I.D.PR.009 Incident Reporting. This procedure delineates a standard process for reporting, documentation and follow-up.</p> <p>For Individuals who live in Own/Family Home and receive DDS funded services, refer to I.D.PR.009a.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. Documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there is any documentation kept in these areas. Otherwise, documentation will be maintained in the case management record and with the FI record. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 15a4B, and 15a4D</p>	No	No	No
	<u>All Indicators</u>			

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 219. D 54	<p>The individual has not experienced abuse or neglect.</p> <p>The intent of this indicator is to determine if the individual has experienced substantiated abuse and/or neglect involving the service being reviewed.</p> <p>The reviewer shall reference eCamris prior to the review to identify reports of abuse or neglect.</p> <p>At the time of the review, the reviewer shall ask the provider to identify reports of abuse or neglect.</p> <p>Rate "Not Met" if the individual has experienced substantiated abuse or neglect during the review period.</p> <p>Rate "Not Rated" if an investigation is pending.</p> <p>This indicator shall not be rated "N/A".</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 15a4a, 15a4C</p> <p>Refer to DDS Policy and Procedure:  I.F. PO.001: Abuse and Neglect  I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes  I.F. PR.003: Abuse and Neglect, Investigation: Assignment, Tracking, Review, Completion  I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities</p>	No	No	No
	<u>All Indicators</u>			
! 220. D 45	<p>The individual's record shows Abuse and Neglect policy and procedures were followed.</p> <p>The intent of this indicator is to verify that policies and procedures were followed if there was a report of abuse or neglect.</p> <p>Refer to DDS Policy and Procedure I.F.PO.001, Abuse and Neglect.</p> <p>The individual's record verifies that all allegations of abuse or neglect were made within required time frames ("report, or cause a report to be made to Office of Protection and Advocacy [OPA] as soon as is practically possible upon noticing or learning of the suspected abuse or neglect"/DMR OPA Interagency Agreement) and to appropriate agencies: OPA if the individual is between 18-59 years of age; Department of Children and Families (DCF) if the individual is under 18 years of age; Department of Social Services (DSS) if the individual is 60 years of age or over; and Department of Public Health (DPH) if a medical facility or provider is licensed by the DPH.</p> <p>Documentation verifies an investigation was completed, with a subsequent determination. If abuse or neglect was substantiated, and recommendations were a result of that determination, documentation verifies implementation of the recommendations. If recommendation(s) were not implemented, documentation reflects rationale for no implementation.</p> <p>If the individual is between 18-59 years of age, Protective Services, or Immediate Protective Services, may be warranted and imposed by the OPA. Protective Services are actions intended to prevent abuse or neglect, and include, but are not limited to: the provision of medical care for physical and mental health needs; the provision of support services in the facility (if applicable), including the time limited placement of department staff in such facility; the relocation of a person with mental retardation to a facility able to offer such care; assistance in personal hygiene; food; clothing; adequately heated and ventilated shelter; protection from health and safety hazards; protection from maltreatment, the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment; and transportation necessary to secure any of the above-stated services. Documentation verifies the development and submission to the OPA of a Protective Service Plan within fifteen calendar days from receipt of the investigation report. The commencement of Immediate Protective Services shall occur prior to receipt of the completed investigation report.</p> <p>Subsequent to the initial provision of protective services, the individual's record contains evidence of review of the plan, including meeting with the individual at least once every six months, to determine whether continuation or modification of the services is warranted. The review of the protective service plan also verifies implementation across all applicable settings.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 15a4A, 15a4C, 15a4D</p>	Yes	No	Yes
	<u>All Indicators</u>			

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 221. D 46	<p>The individual's record shows follow-up to Abuse and Neglect concerns regarding the individual, including notification to families.</p> <p>The intent of this indicator is to verify that there is documentation detailing follow-up to abuse and neglect concerns, including notification to families and guardians. Refer to DDS Procedure I.F.PR.002, Abuse and Neglect/Notification.</p> <p>If the individual is between 18-59 years of age, Protective Services, or Immediate Protective Services, may be warranted and imposed by the OPA. Protective Services are actions intended to prevent abuse or neglect, and include, but are not limited to: the provision of medical care for physical and mental health needs; the provision of support services in the facility (if applicable), including the time limited placement of department staff in such facility; the relocation of a person with mental retardation to a facility able to offer such care; assistance in personal hygiene; food; clothing; adequately heated and ventilated shelter; protection from health and safety hazards; protection from maltreatment, the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment; and transportation necessary to secure any of the above-stated services. Documentation verifies the development and submission to the OPA of a Protective Service Plan within fifteen calendar days from receipt of the investigation report. The commencement of Immediate Protective Services shall occur prior to receipt of the completed investigation report.</p> <p>Subsequent to the initial provision of protective services, the individual's record contains evidence of review of the plan, including meeting with the individual at least once every six months, to determine whether continuation or modification of the services is warranted. The review of the protective service plan also verifies implementation across all applicable settings.</p> <p>In a family setting (FAM), review the Case Management file only when there is not an agency providing the FAM supports. When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 15a4A, 15a4C, 15a4D</p>	Yes	Conditional	Yes
	All Indicators			
! 222. D 7	<p>All required medical assessments and appointments are current.</p> <p>The intent of this indicator is to see that required medical assessments, appointments, and identification of routine health issues are current and documented in the individual's record. Medical appointments are to occur in the required time frames. Reference physician reports and consultant sheets for medical results and required follow-up.</p> <p>Refer to IP.4 – Assessments, Screenings, Evaluations and Reports. Refer to DDS Health Standard #09-1, Routine Preventative Health Care and Attachment A, Minimum Preventative Care Guidelines. Refer to Health Standard #9-02 Guidelines for Deferred, Limited, or Declined Healthcare.</p> <p>In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any medical visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "met" when the family reports that they have had a medical appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.</p> <p>When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 16d, 18a4A, 18a4B</p>	Yes	Conditional	Yes
	All Indicators			
! 223. D 7a	<p>The individual receives necessary oral and dental care including assessment, treatment and follow-up.</p> <p>The intent of this indicator is to see that required oral/dental care assessments and appointments are current and documented in the individual's record. Oral/dental appointments are to occur in the required time frames. Reference oral/dental reports and consultant sheets for results and required follow-up.</p> <p>Refer to IP.4 – Assessments, Screenings, Evaluations and Reports. Refer to DDS Health Standard #09-1, Routine Preventative Health Care and Attachment A, Minimum Preventative Care Guidelines. Refer to Health Standard #9-02 Guidelines for Deferred, Limited, or Declined Healthcare.</p> <p>In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any oral/dental visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "met" when the family reports that they have had an oral/dental appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.</p> <p>When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 18b1, 18b2</p>	Yes	Conditional	Yes
	All Indicators			

## Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 224. D 7b	<p>Support providers carry out all health related orders as determined by health care professionals.</p> <p>Documentation shall reflect that the individual's support team and health care provider(s) have considered and implemented all health related orders and recommendations. This applies to medical treatment, special dietary requirements, occupational therapy, physical therapy, and other therapeutic services.</p> <p>Refer to IP.4 – Assessments, Screenings, Evaluations and Reports. Refer to DDS Health Standard #09-1, Routine Preventative Health Care and Attachment A, Minimum Preventative Care Guidelines.</p> <p>For review purposes, D7b does not apply to medication administration or dental orders.</p> <p>In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any medical visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "met" when the family reports that they have had a medical appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.</p> <p>When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 18a3A, 18a4B, 18c2</p>	No	No	No
	<u>All Indicators</u>			
! 225. D 8	<p>There is evidence the individual experiences prompt treatment, management and follow-up services for his or her health issues upon identification.</p> <p>The intent of this indicator is to verify the individual has experienced timely treatment and ongoing care for non-routine and unexpected health issues. If a non-routine, significant and unexpected health issue is identified (e.g., a fall, an unexpected seizure), there is documentation that initial treatment is prompt, recommendations for further treatment are acted on, and designated follow-up occurs in a timely manner.</p> <p>Refer to IP.4 – Assessments, Screenings, Evaluations and Reports and other forms of documentation, e.g. progress notes, logbooks, etc. If nursing oversight is being provided, any changes in health status should be reflected in nursing documentation in the individual's medical record.</p> <p>Refer to applicable DDS Medical Advisories and Health Standards.</p> <p>In a family setting (FAM), documentation may be found in the family home for people who hire their own staff. The reviewer should ask the individual or personal representative if there have been any medical visits and if there is any documentation kept in these areas e.g. calendar. The reviewer should rate "met" when the family reports that they have had a medical appointment even if documentation is not available. Families often do not keep documentation of visits and do not send all information to their Case Manager; otherwise, documentation will be maintained in the case management record.</p> <p>When an agency is providing the FAM supports, review the agency's records for the individual.</p> <p>Refer to DDS CLA Licensing Regulation: 18a3A, 18a4A, and 18a4B</p>	No	Conditional	No
	<u>All Indicators</u>			
! 226. D 6	<p>There is evidence that the individual has the needed support to manage his or her medication.</p> <p>Documentation shall identify the support the individual requires to manage his or her medications. Depending upon the individual's assessed need, the support of medication management can be part of a daily routine or an individual teaching plan.</p> <p>Refer to physician's orders, medication administration record (MAR), Self-Administration of Medication Assessment and IP as applicable.</p> <p>Self-Administration of Medication Assessments: All individuals are required to have a baseline assessment on file. The RN must identify on at least an annual basis that the assessment remains current. An updated assessment shall be completed whenever there is a change in the individual's self-administration abilities.</p>	No	No	No
	<u>All Indicators</u>			
! 227. D 27c	<p>Behavior modifying medications are managed consistent with the physician's treatment plan.</p> <p>Review the physician's treatment plan and related documentation for consistent implementation (e.g., how often blood work is done, how often TD screens are completed, other treatment directives, monitoring of side effects). Compare physician's orders with the individual's treatment plans.</p> <p>Verify that TD screenings and blood work are completed as recommended, psychiatrist appointments are attended as designated, medications are reviewed and changes are documented and current, the medication administration record (MAR) is checked for behavior medication administration and the monitoring of side effects, and behavior support plans are consistent with the physician's treatment plan.</p> <p>In DSO, GSE, SHE: Check the physician's orders and medication administration record (MAR) for behavior medication administration. Related documentation that is not the responsibility of the day service provider (bloodwork, TD screens, etc.) may not be required to be in the record.</p> <p>Refer to DDS CLA Licensing Regulation: 15b2, 18a1</p>	No	No	No
	<u>All Indicators</u>			

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Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 228. D 32	<p>The individual's record documents monitoring of medications and side effects.</p> <p>The intent of this indicator is to determine if the individual's record documents that provider licensed personnel are monitoring the individual's medications and side effects. Check the individual's medication administration record (MAR) to ensure that his or her medications are administered as prescribed.</p> <p>If the Self-Medication Administration Assessment identifies the individual is independent in self-administering medication and receives nursing oversight, the individual's progress reviews shall identify that a registered nurse monitors the administration of medication, including any adverse side effects. For self-administering individual's who live in their own home with no nursing support, rate "N/A".</p> <p>Refer to DDS CLA Licensing Regulation: 18a1</p>	No	Conditional	No
	<u>All Indicators</u>			
! 229. D 29	<p>The individual's personal finances are protected through systematic record keeping.</p> <p>The intent of this indicator is to ensure that individual's personal monies are maintained and accounted for.</p> <p>Refer to provider policies and procedures for management of client funds. Refer to DDS Procedures for Handling Client Monies. Refer to IP.1 and IP Personal Profile, to determine the individual's capability in managing his/her finances and the level of assistance needed. Ensure that individual is receiving earned and unearned income (DSS personal needs allowance).</p> <p>Refer to I.F.ADV.001, The Use of Client's Personal Funds for Transportation to and from or while at a DDS Funded Day Program; I.F. ADV.003, The Use of Client's Personal Funds for Donations to Their Support Provider; and I.F. ADV. 004, Use of Consumer Funds to Procure Prescription and Nonprescription Medications and Outpatient Services</p> <p>In OHSL, CRS, CLA, CTH and RC, this refers to the individual's personal finances at home as well as bank accounts (checking accounts, savings accounts, etc). Review cash on hand balance sheets, cash on hand, check registers, checking account statements, saving statements, paystubs, bills and receipts. Ensure adequate documentation of all income and expenses. Ensure that expenses benefit the personal needs of the individual.</p> <p>In DSO, GSE and SHE, this applies to funds maintained at the program site. Review balance sheets and cash on hand.</p> <p>In RES, refer to DDS Family Respite Center form, Attachment J, Personal Spending Sheet.</p> <p>If the IP clearly states that the individual or family is responsible for managing the individual's finances and the provider is not responsible, rate "N/A".</p> <p>Refer to DDS CLA Licensing Regulation: 19a1, 19a3</p>	No	No	No
	<u>All Indicators</u>			
! 230. D 30	<p>The individual's personal finances are protected through periodic financial record audits.</p> <p>The intent of this indicator is to determine if the provider is protecting the individual's personal finances (e.g., ledger, checking and savings accounts, etc.) by conducting periodic financial record audits. Internal provider audits should be completed by an individual who does not regularly handle the individual's finances. Review completed audits and ensure audit recommendations are implemented. Refer to provider policies and procedures regarding systems for auditing individual's personal finances.</p> <p>For public services, refer to DDS Procedure I.F.PR.007, Personal Funds Financial Management.</p> <p>Refer to DDS I.F. Directives and Advisories: Adv.001 – Use of client personal funds for transportation. Adv.003 – Use of clients' personal funds for donation to the support provider. Adv.004 – Use of clients' funds to procure prescription &amp; non-prescription medications and outpatient services.</p> <p>If the IP clearly states that the individual or family is responsible for managing the individual's finances and the provider is not responsible, rate "N/A".</p> <p>Refer to DDS CLA Licensing Regulation: 19a1</p>	No	No	No
	<u>All Indicators</u>			
! 231. D 31	<p>The individual has money to buy necessary personal items and participate in community activities.</p> <p>The intent of this indicator is to determine if the individual has access to financial resources to purchase needed personal items and participate in community activities. Review balance sheets, receipts and individual's leisure record to ensure opportunities for participating in community activities are provided and needed personal items are purchased.</p> <p>Refer to DDS CLA Licensing Regulation: 19a1</p>	No	Conditional	No
	<u>All Indicators</u>			

Report Filters:

Service: "RC" Active Indicator? "Yes"

	<u>Attributes</u>	<u>CMS?</u>	<u>DDS Responsible</u>	<u>RFU?</u>
! 232. D 41	<p>The individual's personal finances, including assets, and personal property are being managed and monitored responsibly.</p> <p>The intent of this indicator is to determine if the individual's property and assets are monitored responsibly. Refer to provider policies and procedures for management of client assets and property. Refer to IP, Personal Profile, to determine the individual's capability in managing his/her finances and the level of assistance needed. Refer to asset/account statements. Ensure that all monies are secured. Ensure that individual is receiving earned and unearned income (DSS personal needs allowance), maintaining balances within third party funding asset limits and paying bills in a timely manner. Ensure that expenses benefit the personal needs of the individual. In CLAs, refer to individual's personal property inventory and determine if personal property observed through course of review is included in inventory. Determine if inventories are updated as needed when purchases are made.</p> <p>For public services, refer to DDS Procedure I.F.PR.007, Personal Funds Financial Management.</p> <p>Refer to DDS I.F. Directives and Advisories: Adv.001 – Use of client personal funds for transportation. Adv.003 – Use of clients' personal funds for donation to the support provider. Adv.004 – Use of clients' funds to procure prescription &amp; non-prescription medications and outpatient services.</p> <p>If the IP clearly states that the individual or family is responsible for managing the individual's finances and the provider is not responsible, rate "N/A".</p> <p>Refer to DDS CLA Licensing Regulation: 15a3, 19a1, 19a2, 19a4</p>	No	No	No
	All Indicators			
! 233. D 47	<p>There is evidence that emergency plans as required by policy and procedures are in place.</p> <p>The emergency plan addresses the supports each individual requires to evacuate safely (e.g., independently evacuates, needs verbal or physical assistance), identifies individuals' ambulation capability and level of supervision needed, medical needs, the support person/staff levels and responsibilities, and any physical environment or fire safety accommodations (fire doors, sprinklers, egress doors, smoke detectors, fire extinguishers, etc.).</p> <p>Refer to DDS Fire Safety and Emergency Guidelines.</p> <p>Refer to DDS CLA Licensing Regulation: 12a</p>	No	No	No
	All Indicators			

Report Filters:

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	Attributes	CMS?	DDS Responsible	RFU?
		Yes	No	Yes
! 234. D 35	<p>Support person training regarding the individual's health, safety, and plan is documented.</p> <p>The intent of this indicator is to determine if the support person interviewed for the review is trained in all areas necessary to support the individual. Refer to the individual's IP to determine training needs including additional training/qualifications identified in IP-7. There is documentation that the support person is trained within 30 days of hire and prior to working alone regarding the individual's health, safety and programmatic support needs including the IP, LON and DDS Aquatic Safety Screening. This may include training on the individual's behavior support plan, dietary needs, OT/PT protocols, nurse delegated tasks, etc. Individual-specific training will occur at least annually and whenever there are changes in the individual's health, safety and plan.</p> <p>Additionally, in all services in which there is a public or private provider agency delivering services, there is documentation that the support person is trained in the following areas:</p> <p>Within 30 days of hire and prior to working alone: DDS Safety Alerts. Training will occur on an ongoing basis as new DDS Safety Alerts are issued.</p> <p>Within 30 days of hire, prior to working alone and, annually thereafter:</p> <p>Blood borne Pathogens Water Safety Policy and Procedure Emergency Procedures including the Red Book/Emergency Relocation Plan Fire Safety</p> <p>Within 30 days of hire, prior to working alone, and every two years thereafter:</p> <p>Provider Policies and Procedures Dysphagia Communicable Disease Control Hazardous Materials Handling Signs and Symptoms of Disease and Illness Basic Health and Behavioral Needs</p> <p>Within 30 days of hire, prior to working alone, and at a frequency determined by the provider:</p> <p>HIPAA and confidentiality</p> <p>Within six months of hire and every two years thereafter:</p> <p>Individual Program Planning Process First Aid (note: Where certification exceeds this timeframe, for example Red Cross, this shall be considered met.) Behavioral Emergency Techniques (note: the retraining requirements of the DDS-approved curriculum must be implemented to be considered met, for example PMT).</p> <p>Additionally, in CLAs:</p> <p>Within 30 days of hire and prior to working alone, and every two years thereafter:</p> <p>Routines of the residence</p> <p>Refer to provider staff development policies and procedures to determine if any additional provider-mandated training is completed as required.</p> <p>Refer to:</p> <p>DDS Policy II-D-PO-5, "Staff Training" DDS Procedure I.PR.E.001, "Water Safety Procedure" CLA Licensing regulation, 17a-227-14 DDS Health Standard 07-01, "Dysphagia" DDS Safety Alerts DDS "Fire Safety Prevention, Safety Training and Awareness" Department of Labor (OSHA) Standard</p>			
	All Indicators			
! 235. D 37	<p>There is documentation that at least one support staff on duty per shift is currently trained in cardiopulmonary resuscitation (CPR).</p> <p>The intent of this indicator is to determine if there is one support person per shift currently trained in CPR. Refer to the weekly support person schedule and sample the shift prior to the review, the shift on which the review is conducted and the shift after the review (for a total 24 hour period). Then, refer to CPR training documentation to ensure that at least one support person per shift is currently CPR trained.</p> <p>Activity schedules should take into account the availability of CPR certified support staff both at the service location and in the community including transportation.</p> <p>Refer to DDS CLA Licensing Regulation: 14d</p>	Yes	No	Yes
	All Indicators			

Report Filters:

Service: "RC" Active Indicator? "Yes"

	Attributes	CMS?	DDS Responsible	RFU?
! 236. D 38	<p>There is documentation that only licensed personnel or certified unlicensed personnel administer medications to the individual.</p> <p>Certified unlicensed personnel may administer medications in any facility in which fifteen or fewer individuals reside, during recreational activities outside the facility, or at a day program location. The intent of this indicator is to determine that only licensed or certified unlicensed personnel have administered medications.</p> <p>A list of support personnel certified to administer medications and copies of medication cards should be on file. Verify that the documentation shows that the support persons on duty have valid medication certification. Sample one month of the medication administration record (MAR) for the initials of support persons who have administered medication. Documentation must reflect that unlicensed support persons who administered medication are currently certified to administer medication. You may also ask the support person to show his or her medication card. Personnel not on the certification list, or support persons without medication cards should not be administering medication and initialing the medication administration record (MAR).</p> <p>Determine that certified unlicensed personnel comply with all training requirements as specified in DDS Medical Advisory #99-3. There is evidence that support persons have completed competency based training requirements which are a prerequisite to medication certification (e.g., New Employee Training [NET] Part 1 and NET Part 2 or an equivalent training program), and have had this task delegated by the supervising RN, as evidenced by current Checklists A and B. Review documentation of annual medication administration observation by RN (Checklist B). Subsequent to the initial worksite observation, the supervising nurse shall observe each certified unlicensed personnel administer medications at least once annually at the employee's usual worksite. This annual observation shall be done one year prior to the certificate expiration date (plus or minus four weeks). Documentation of the supervising nurse's observation shall be maintained as per agency policy. The department advises use of Checklist B as the documentation tool. Such documentation shall be made available upon request.</p> <p>Check for a copy of nurses' licenses on file.</p> <p>If the individual self-medicates, rate "N/A".</p> <p>Refer to DDS CLA Licensing Regulation: 18a1</p>	Yes	No	Yes
	All Indicators			
! 237. D 55	<p>The support person has documented training regarding individual rights.</p> <p>The intent of this indicator is to determine that the support person who is interviewed for this review has documentation of training in human rights. Refer to provider policies and procedures regarding the frequency of this training.</p> <p>In a family setting (FAM), when there is not an agency providing the FAM supports, review the Fiscal Intermediary record. When an agency is providing the FAM supports, review the agency's records.</p>	Yes	No	Yes
	All Indicators			
! 238. D 56	<p>The support person has documented training regarding abuse and neglect reporting and prevention.</p> <p>Review the training record of the support person interviewed for this QSR to determine that annual Abuse and Neglect reporting and prevention is documented.</p> <p>Refer to DDS Policy and Procedure: I.F. PO.001: Abuse and Neglect I.F. PR.001: Abuse and Neglect, Allegations: Reporting and Intake Processes I.F. PO.004: Abuse and Neglect: Recommendations and Prevention Activities</p> <p>In a family setting (FAM), when there is not an agency providing the FAM supports, review the Fiscal Intermediary record. When an agency is providing the FAM supports, review the agency's records.</p> <p>Refer to DDS CLA Licensing Regulation: 14c3</p>	Yes	No	Yes
	All Indicators			